CITY OF CALUMET CITY, ILLINOIS
Department of Inspectional Services - 708/891-8120

Type of Inspection:  ____Rental  ____Point of Sale  ____Rehab  ____Other  ____
Type of Property:  ____Residential  ____Commercial  ____Industrial  ____Other  ____

The following is the result of an inspection at the property known as ____________________________

The inspection is not in any way intended to be a complete list of Code or Municipal Ordinance requirements. The inspection can be substantially limited by access available and stored items or furniture preventing access. The inspection is not meant to take the place of a private home inspection nor will it cover the same items.

Some buildings may require certifications to be complete on individual systems such as the heating appliances, roofing, or fire protection systems. Specific requirements and limitations are available by referring to the Calumet City Municipal Code, Section 6-308 and the amendments thereto. Copies of these Codes are available for viewing in the City of Calumet City Clerk’s office or on-line at www.calumetcity.org. The first inspection and subsequent re-inspection are included in the cost. Any additional inspections or failure of the owner/agent/designee to appear for a scheduled inspection will require additional fees.

The inspector will comment on statements (as follows) by writing these notations in the blank area in front of a statement and may additionally circle a specific area or make additional comments. Some of the repairs may require registered contractors and permits.

Zoning: ____________________________  Conforming:  ____Yes  ____No  1# Of Existing Units*: ____________________________

INSPECTOR: ____________________________  Date: ____________________________

OWNER’S PRINTED NAME: ____________________________  Date: ____________________________

I am the owner/authorized agent of the above property and can legally authorize this inspection. I have received permission from any tenants/leases to enter their unit(s) for this inspection.

Contact number of owner(s) or person responsible of building or structure if not listed on attached application ____________________________

Owner’s Signature ____________________________  Date: ____________________________

REINSPECTIONS
Inspector: ____________________________  Owner’s Signature ____________________________  Date: ____________________________
Inspector: ____________________________  Owner’s Signature ____________________________  Date: ____________________________
Inspector: ____________________________  Owner’s Signature ____________________________  Date: ____________________________

If this is a Point of Sale Inspection, date approved for Point of Sale Compliance is: ____________________________

If this is a Rental Inspection/Other, note the following assessments:
Approved for occupancy (original units) # ____________________________ Date: ____________________________
Approved for occupancy (for rental purposes) # ____________________________ Date: ____________________________
Not Approved for occupancy # ____________________________ Date: ____________________________

Conditional date to be complied: ____________________________

COMMENTS:

______________________________

______________________________

______________________________

Permits Required: ____________________________

Certifications Required: ____________________________
HOUSE EXTERIOR AND GARAGE

1. ________ Is the property being maintained in a clean, safe, and sanitary condition?

2. ________ Are the weeds, plant growth and grass less than 6 inches? *(This does not include cultivated flower and vegetable gardens.)*

3. ________ Are fences, retaining walls, porches, and decks in good repair? *(No back-to-back fencing)*

4. ________ Are private sidewalks, driveway, and similar areas being kept free from trip hazards, large cracks, and is driveway paved?

5. ________ Is the street address posted on the property and visible from the street and alley? if there is alley access, the address must be posted at the most visible rear location such as the garage; and the numbers shall be at least 3 inches high with a ¾" stroke? MISSING OR DEFICIENT AT REAR OR GARAGE? ________ HOUSE? ________

6. ________ Are all the exterior walls and chimneys in good repair? For example, repairs would be necessary if bricks are deteriorated and/or mortar missing or cracks in same?

7. ________ Is the exterior structure of the building free from unusual sagging, deterioration, and structurally sound?

8. ________ Is the roof sound, tight, and preventing the elements from damaging the structure? ROOF CERTIFICATION NEEDED: YES ________ NO ________

9. ________ Are all windows, doors, and frames in good repair?

10. ________ Do the exit doors have single keyed locks? Deadbolt double-cylinder locks are not allowed!

11. ________ Are the gutters, siding, fascia, and soffit free of peeling paint and deterioration?

12. ________ Are all light fixtures and electrical outlets in good repair and are the outside outlets protected by ground fault interrupter circuits?

13. ________ Does garage door opener(s) have single only receptacle?

14. ________ Are all sheds or auxiliary structures in good repair?

* ________ Does property have the current crime free housing license decal posted on premises?

EXTERIOR - ADDITIONAL COMMENTS: __________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

ADDRESS __________________________________________ DATE __________________________
GENERAL INTERIOR: APARTMENT  

15._______ Do all stairs have guardrails if over 4 steps? Are stairs in good repair?  
Location:________________________________________

16._______ Are walls, floors, and ceilings free of peeling paint, holes, deterioration, and in good repair?  
Location:________________________________________

17._______ Are all windows opening properly and weight cords attached?  
Location:________________________________________

18._______ Are fans present in all baths where windows are not present and are they vented outside?  
Location:________________________________________

19._______ Are all toilets, sinks, showers, and baths free from leaks, drain blockage, and other defects affecting their operation? Location:________________________________________

20._______ Are ground fault interrupter circuits protecting the bath, kitchen, garage, and unfinished basement outlets? Missing/not working properly at: __________________________

21._______ Is the medicine cabinet receptacles GFI protected?  

22._______ Is the property free from “romex” type wiring, extension cords, or excessive amounts of flexible metallic raceways (Bx, Greenfield)? Location:________________________________________

23._______ Are all junction boxes property covered? Location:________________________________________

24._______ Does every bedroom, living, dining, family room, or other room used for sleeping, living, or cooking have at least two outlets and are they in good repair? Location:________________________________________

25._______ Does every hall, stairway, laundry, or mechanical room have an electric light fixture? Location:________________________________________

26._______ Does the entry doors to halls have a properly operating door closure, if required?  

27._______ Is a smoke detector and carbon monoxide detector present within 15 feet of each bedroom, mechanical room, and laundry room, and on each level within the unit?  

GENERAL INTERIOR - ADDITIONAL COMMENTS:________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

ADDRESS ___________________________________ DATE __________________________
MAJOR SYSTEMS PLUMBING

28. _______ Is the water heater properly installed?

29. _______ Is there an expansion tank on the water heater?

* 30. _______ Are the drains and supply pipes free from leaks and are all drains attached to the drain/waste/vent system?

* NOTE: 30 MUST BE CODE COMPLIANT BEFORE POINT OF SALES OR TRANSFER OF TITLE UNLESS BUYER ASSUMES RESPONSIBILITIES.

SIGNATURE OF BUYER: ________________________________

31. _______ Are gas valves present at gas supply piping to appliances and are flexible lines free from corrosion? Missing at: __________________________ Replace at: __________________________

31A. _______ Is the sump pump piping acceptable at this time?

MAJOR SYSTEMS PLUMBING – ADDITIONAL COMMENTS:

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

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____________________________________________________

HEATING UNITS

32. _______ Is the furnace/wall/boiler units working properly and free from excessive rust or debris?
If boiler, is there a back-flow preventer valve? ______ Yes ______ No

32A. _______ Is the fireplace free from cracks, creosote, or deterioration; and is damper working?

33. _______ Is a smoke detector and carbon monoxide detector present within 15 feet of each bedroom, mechanical room, and laundry room, and on each level within the unit?
Missing/Inoperable at: __________________________

34. _______ Is the foundation free from large cracks?

35. _______ Is the structure of the building free from unusual sagging, deterioration, and obvious structural problems?

36. _______ Is the exhaust vent and ductwork properly attached and free from corrosion?

HEATING UNITS – ADDITIONAL COMMENTS:

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

ADDRESS ________________________________ DATE ________________________________
ELECTRICAL

NOTE: All electrical panels may be subject to in-depth inspections beyond panel covers as well as other electric-related inspections.

38. ______ Are electrical panels properly installed and properly sized?

39. ______ Are holes in the panel covered?

40. ______ Are all exit and emergency lights operating properly?

ELECTRICAL – ADDITIONAL COMMENTS:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

FIRE PROTECTION SYSTEMS

41. ______ Certification needed? (circle all that apply)

Standpipe

Smoke Detectors

Sprinkler System

Fire Alarm

42. ______ No parking signs needed at fire department connection.

43. ______ Expired extinguisher servicing at: ____________________________

44. ______ Missing extinguisher at: ____________________________

45. ______ Is self-closure installed in laundry room?

ELEVATORS

Elevators must be certified as complying with ASME A17.1-90, Safety Code for Elevators and Escalators.

46. ______ Certification or inspection within last year presented?

ADDRESS ____________________________ DATE ____________________________