

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 #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 1/2" 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: _____

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: _____

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: _____

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 property 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? Standpipe Sprinkler System
(circle all that apply) Smoke Detectors 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 _____