

**CITY OF CALUMET CITY, ILLINOIS**  
**Department of Inspectional Services**

**Phone - 708-891-8120**

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Type of Inspection:    ☐ Rental    ☐ Point of Sale    ☐ Townhouse    ☐ Condominium  
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](http://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.

Email Address: \_\_\_\_\_

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, balconies 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 there off street parking?
6. \_\_\_\_\_ 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 ½" stroke?  
MISSING OR DEFICIENT AT REAR OR GARAGE? \_\_\_\_\_ HOUSE? \_\_\_\_\_
7. \_\_\_\_\_ 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?
8. \_\_\_\_\_ Is the exterior structure of the building free from unusual sagging, deterioration, and structurally sound?
9. \_\_\_\_\_ Is the roof sound, tight, and preventing the elements from damaging the structure?  
ROOF CERTIFICATION NEEDED: YES \_\_\_\_\_ NO \_\_\_\_\_
10. \_\_\_\_\_ Are all windows, doors in good repair? Are frames rotted & in good repair \_\_\_\_\_ ?
11. \_\_\_\_\_ Do the exit doors have single keyed locks? Deadbolt double-cylinder locks are not allowed!
12. \_\_\_\_\_ Are the gutters, siding, fascia, and soffit free of peeling paint and deterioration?
13. \_\_\_\_\_ Are all light fixtures and electrical outlets in good repair and are the outside outlets protected by ground fault interrupter circuits?
14. \_\_\_\_\_ Does garage door opener(s) have single only receptacle?
15. \_\_\_\_\_ 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 \_\_\_\_\_

NUMBER OF BEDROOMS IN THIS UNIT \_\_\_\_\_

TOTAL NUMBER OF ROOMS IN THIS UNIT \_\_\_\_\_

LOCATION OF THIS UNIT \_\_\_\_\_

BASEMENT STATUS \_\_\_\_\_ FINISHED \_\_\_\_\_ PARTIAL FINISH \_\_\_\_\_ UNFINISHED \_\_\_\_\_

**GENERAL INTERIOR: APARTMENT # \_\_\_\_\_**

15. \_\_\_\_\_ Do all stairs have handrails and/or 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: \_\_\_\_\_  
**No Flex drains or plastic supply lines**
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 and not painted?  
Location: \_\_\_\_\_
25. \_\_\_\_\_ Does every hall, stairway, laundry, or mechanical room have an electric light fixture?  
Do closet lights have globe type fixtures? 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?
28. \_\_\_\_\_ Is the foundation free from large cracks?
29. \_\_\_\_\_ Is the structure of the building free from unusual sagging, deterioration, and obvious structural problems?

**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. \_\_\_\_\_ Is there a backflow preventer valve on the main water system after the water meter?
31. \_\_\_\_\_ Are the drains and supply pipes free from leaks and are all drains attached to the drain/waste/vent system?

**\* NOTE: 31 MUST BE CODE COMPLIANT BEFORE POINT OF SALES OR TRANSFER OF TITLE UNLESS BUYER ASSUMES RESPONSIBILITIES.**

**SIGNATURE OF BUYER:** \_\_\_\_\_

- 31A. \_\_\_\_\_ Is the sump pump piping acceptable at this time?

**NOTE: IF HOMEOWNER COMPLETES PLUMBING - PROPERTY CAN'T TRANSFER FOR 6 MONTHS FROM DATE OF COMPLETION.**

**MAJOR SYSTEMS PLUMBING – ADDITIONAL COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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## **HEATING UNITS**

32. \_\_\_\_\_ Are Brass Ball Cock valves present at gas supply piping to appliances and are flexible lines free from corrosion? Missing at: \_\_\_\_\_ Replace at: \_\_\_\_\_
33. \_\_\_\_\_ HVAC Certification Required Yes \_\_\_\_\_ No \_\_\_\_\_
34. \_\_\_\_\_ Is the furnace/wall/boiler units working properly and free excessive rust or debris? Ductwork properly attached and free from corrosion?  
If boiler, is there a back-flow preventer valve? Yes \_\_\_\_\_ No \_\_\_\_\_  
Does chimney require liner w/cap? Yes \_\_\_\_\_ No \_\_\_\_\_
35. \_\_\_\_\_ Is A/C condenser in back yard per ordinance?
36. \_\_\_\_\_ Is the fireplace free from cracks, creosote, or deterioration; Is damper working, and does chimney have spark arrestor?
37. \_\_\_\_\_ 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: \_\_\_\_\_
38. \_\_\_\_\_ Is the bathroom & kitchen exhaust vented to outside?

**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:**

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## FIRE PROTECTION SYSTEMS

- |           |  |                              |                                |
|-----------|--|------------------------------|--------------------------------|
| 41. _____ | Certification needed?<br>(circle all that apply)       | Standpipe<br>Smoke Detectors | Sprinkler System<br>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 \_\_\_\_\_