

Saint Louis County Housing Inspection Checklist

Public Works Dept.
North Office
21 Village Square
Hazelwood, MO 63042
(314) 615-7346

Dwelling address: _____

Owner Name: _____

Phone: _____ Inspector: _____ Occ. Load _____

Public Works Dept.
South Office
4558 Lemay Ferry Rd.
St. Louis,MO. 63125
615-4151

Building Exterior & Lot:

☐ Driveway _____

☐ Roof _____

☐ Roof Vents & Flues _____

☐ Vehicles licensed, operable _____

☐ Decorative Features _____

☐ Gutter system _____

☐ Fascia and Soffit _____

☐ Address Numbers _____

☐ Window condition _____

☐ Screens _____

☐ Fence _____

☐ Swimming Pool safe & clean _____

☐ Pool Gate functioning _____

☐ Debris & Litter _____

☐ Electric Service Entry _____

☐ Exterior Painting _____

☐ Foundation Walls _____

☐ Exterior Walls sound _____

☐ Chimneys/Masonry _____

☐ Wall Exhaust Vents _____

☐ Stairs or steps _____

☐ Handrails/Guardrails _____

☐ GFCI receptacle if required _____

☐ Vermin Infestation _____

☐ Sidewalks _____

Basement:

☐ Stairs _____

☐ Handrail _____

☐ Plumbing safe (no leaks) _____

☐ Electric service (sags,etc) _____

☐ GFCI Receptacles _____

☐ 60 Amp Electrical _____

☐ Furnace venting; 3 screws in flue _____

☐ Water Heater _____

☐ Floor Fire Stops _____

☐ Gas line shut-offs; each appliance _____

☐ Foundation Leaks _____

☐ Smoke Detector _____

☐ Sump pump _____

Garage:

☐ Garage Door Opener _____

☐ Fire blocked/rated _____

☐ Electrical _____

☐ Ceilings, Floor, Walls _____

Interior:

☐ Stairs _____

☐ Guardrails _____

Comments:

KITCHEN: ☐ Electrical _____

☐ Exhaust Fan _____

☐ Plumbing acceptable _____

☐ Ceiling, Floor, Walls _____

☐ Range/stove _____

☐ Hot water available _____

LIVING ROOM: ☐ Electrical _____

☐ Ceiling, Floor, Walls _____

☐ Fireplace _____

☐ Registers _____

BEDROOM #1-Room Size _____

☐ Electrical _____

☐ Ceiling, Floor, Walls _____

☐ Smoke detector _____

☐ Operable Window _____

☐ Registers _____

BEDROOM #2- Room Size: _____

☐ Electrical _____

☐ Ceiling, Floor, Walls _____

☐ Smoke detector _____

☐ Operable Window _____

☐ Registers _____

Use of **Room:** _____ Room Size _____

☐ Electrical _____

☐ Ceiling, Floor, Walls _____

☐ Smoke detector _____

☐ Operable Window _____

☐ Registers _____

DINING ROOM

☐ Electrical _____

☐ Fireplace satisfactory _____

☐ Ceiling, Floor, Walls & finish _____

☐ Registers _____

BATHROOM #1

☐ Hot water available _____

☐ Plumbing acceptable _____

☐ Electrical _____

☐ Ceiling, Floor, Walls _____

☐ Toilet Secure _____

☐ Operable Window or Exhaust Fan _____

Use of **Room:** _____ Room Size: _____

☐ Electrical _____

☐ Ceiling, Floor, Walls _____

☐ Smoke detector _____

☐ Operable Window _____

☐ Registers _____

Use of **Room:** _____ Room Size: _____

☐ Electrical _____

☐ Ceiling, Floor, Walls _____

☐ Smoke detector _____

☐ Operable Window _____

☐ Registers _____

☐ APPROVED FOR OCCUPANCY

DATE _____

INSPECTOR _____

801 _____

DATE _____

INSPECTOR _____

802 _____
