

DETROIT LAKES RENTAL INSPECTION REPORT

Date: _____ Time: _____ Rental License #: _____

Property Address: _____ Unit# _____ of (total units) _____ PID# _____

Property Owner: _____ Agent: _____

Owner Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone: _____ Email: _____ Phone: _____

PASS

NEEDS RE-INSPECTION

NO SHOW (\$30 fee per unit)

SHORT TERM RENTAL

CIRCLED = NON COMPLIANT - Does not meet City of Detroit Lakes rental standards.

EXTERIOR:

1. Address visible
2. Roof in good repair
3. Chimney
4. Gutters & soffits
5. Doors, Windows, & Screens
6. Trash & rubbish
7. Decks, platforms & railings
8. Retaining walls & fences
9. Sidewalks & steps
10. Paint & siding
11. Gas meter protection/shutoff
12. Lawn & weeds – report to Public Works
13. Detached structures

CONSTRUCTION FEATURES:

1. Fire separation-garage & stairs
2. Structural problems
3. Walls & ceiling condition

EXIT FEATURES:

1. Handrail on stairs/steps (34-38")
2. Guardrails on decks >30" (at least 36")
3. Adequate windows/exits
4. Egress unobstructed
5. Hallway lighting
6. Exit hardware/locks
7. Exit signs/lights where required

STEPS/STAIRS:

1. Entry/exit door 36"
2. Landings 36"x5"
3. Guardrails on decks >30" (at least 36")
4. Stairs/handrail (34-38")
5. Hand rail return to wall
 ___ Upstairs ___ Downstairs

BEDROOM #1:

1. Egress window/door
2. Smoke detector
3. Room >70 sq. ft. (10x7)
4. Ceiling > 7 ft.
5. # of outlets/lights

BEDROOM #2:

1. Egress window/door
2. Smoke detector
3. Room >70 sq. ft. (10x7)
4. Ceiling > 7 ft.
5. # of outlets/lights

BEDROOM #3:

1. Egress window/door
2. Smoke detector
3. Room >70 sq. ft. (10x7)
4. Ceiling > 7 ft.
5. # of outlets/lights

BATHROOM #1:

1. Ventilation-window or fan
2. Tub or shower
3. Plumbing fixtures
4. Toilet-secure & flushes
5. GFI near sink
6. Lighting

BATHROOM #2:

1. Ventilation-window or fan
2. Tub or shower
3. Plumbing fixtures
4. Toilet-secure & flushes
5. GFI near sink (w/in 6')
6. Lighting

FIRE PROTECTION:

1. Smoke detector (min. 1 per floor)
2. Carbon Monoxide detector (w/in 10 ft of sleeping units)

KITCHEN:

1. Gas shutoff if gas stove
2. Sink plumbing/fixtures
3. GFI near sink (w/in 6')

BASEMENT/UTILITIES:

1. Smoke detector
2. Furnace switch & dirt leg
3. Water heater (18" of ground)
4. Electrical panel > 30" clear
5. Empty breakers blocked out
6. Gas shutoff/appliances
7. Vents & flues
8. GFI within 6 ft of water

ELECTRICAL:

1. Wiring/fixtures
2. Outlets/junction boxes
3. GFI works
4. Outlet/Switch covers
5. Electrical hazard

SANITATION/HEALTH:

1. Housekeeping/rodents
2. General condition

MISCELLANEOUS:

1. Storage/grills/occupancy
2. Extension cord over load
3. Sump Pump/Drainage
4. Maintain 68 degrees @ 3 ft.
5. Room >7 ft.
6. #Outlets/lights

INSPECTOR SIGNATURE: _____ **RE-INSPECTION DATE & TIME:** _____

PASSED RE-INSPECTION: YES OR NO