

SEPARATE CHECKLIST FOR EACH UNIT

		Unit Identifi	cation (print le	egibly)		
Property Address (include unit/apt #):							
Date of Inspection :							
Number of Bedrooms & Size: 1 2 3 4 5 6 7 8							
a st						⊏ th	an ft of no one
	sq. ft of room					5 th	sq. ft of room
2 nd	sq. ft of room					6 th	sq. ft of room
3 rd	sq. ft of room					7^{th}	sq. ft of room
4 th	sq. ft of room					8^{th}	sq. ft of room
Number of Off-Stre	Number of Off-Street Parking Spaces (spaces in garage and on parking surfaces – NOT grass):						

Number of Off-Street Parking Spaces (spaces in garage and on parking surfaces – NOT grass):

Please fill out this inspection form for each unit. If filling out for a duplex or multiple dwelling units building, one checklist for each unit will be required.

For more information regarding egress windows and smoke detectors please review the brochures provided on our website (www.waverlyia.com/rental).

Check the box next to each item ONLY if the item is in compliance. If an item needs attention, please state what is to be done and include the date when the item will be in compliance.

	A. Sanitary Facilities	Comments
□ 1.	Dwelling unit has properly operating sanitary facilities.	
□ 2.	The bathroom has a flush toilet in proper operating	
	condition located in a private room.	
□ 3.	The dwelling unit has a properly operating sink and	
	shower or tub with hot and cold running water.	
□ 4.	The facilities utilize an approved public or private	
	disposal system.	
	B. Food Preparation and Refuse Disposal	Comments
□ 1.	Dwelling unit has suitable space and equipment to store,	
	prepare and serve food in sanitary manner.	
□ 2.	Adequate facilities/services for the sanitary disposal of	
	waste/refuse, dumpsters or garbage receptacles.	
□ 3.	Dwelling unit has adequate space and utility hook-ups	
	for oven, stove/range and refrigerator, and equipment is	
	in properly operating condition if supplied by Landlord.	
□ 4.	The kitchen has a properly operating sink that has hot	
	and cold running water that drains in to an approved	
	public or private system.	

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		(319) 352-9208
	C. Space and Security	Comments
□ 1.	Dwelling unit contains at least one of each: living room,	
	kitchen, bathroom and compliant sleeping room.	
□ 2.	Windows and exterior doors that are accessible from the	
	outside are capable of being opened and locked.	
	D. Thermal Environment	Comments
□ 1.	o	
	environment healthy for a human body.	
□ 2.		
	provides adequate heat, either directly or indirectly, to	
	each room.	
□ 3.	-	
	that burn gas, oil, or kerosene. Electric heaters are	
	acceptable.	
	E. Illumination and Electricity	Comments
∐ 1.	Each room has adequate natural or artificial light.	
□ 2.	Dwelling unit has sufficient electrical sources. The	
	electrical fixtures/wiring ensure safety from fire.	
□ 3.	At least one window is in the living room and each	
	sleeping room, unless egress window is not required.	
□ 4.	The kitchen and bathroom each have a permanent,	
	properly operating ceiling or wall light fixture.	
□ 5.	The kitchen has at least one properly operating	
	grounded electrical outlet.	
□ 6.	The living room and each bedroom have at least two	
	properly operating electrical outlets.	
	F. Structure and Materials	Comments
□ 1.	Dwelling unit is structurally sound with no threat to the	
	health and safety of occupants, and will protect the	
	occupants from the environment and rodents.	
□ 2.	Interior ceilings, walls and floors do not have any serious	
	defects.	
□ 3.	The roof is structurally sound and weather-tight.	
□ 4.	Exterior wall structure and surfaces do not have any	
	serious defects (holes, open siding, etc.)	
□ 5.	Interior and exterior stairs, halls, porches, walkways, etc.	
	are maintained so there is no danger of tripping and	
	falling.	
□ 6.	Handrails are installed on all stairs with four or more	
	risers.	
□ 7.	Porches and balconies more than 30" high have	
	guardrails with openings not more than 4" wide.	
□ 8.	Gutters and downspouts are not missing, loose or	
	disconnected.	
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□ 9.	Elevators, if present, must be working and safe.	
	G. Interior Air Quality	Comments
□ 1.	Dwelling unit is free from dangerous levels of air	
	pollution, carbon monoxide, sewer gas, fuel gas, dust	
	and other harmful pollutants.	
□ 2.	Dwelling unit has adequate air circulation.	
□ 3.	Bathroom has at least one operable window to the	
	outside or other adequate exhaust ventilation.	
□ 4.	Sleeping rooms have at least one operable window	
	unless no egress window is required.	
	H. Water Supply	Comments
□ 1.		
	private, sanitary water supply.	
	I. Lead-Based Paint	Comments
□ 1.	C .	
	4821-4846), Residential Lead-Based Paint Hazard	
	Reduction Act of 1992 (42 U.S.C. 4851-4856) and	
	implementing regulations at part 35, subparts A, B, M	
	and R of this title apply to dwelling units under this	
	Code. Pamphlet to be provided to lessee for structures	
	built prior to 1978. Pamphlet available for download at	
	www.waverlyia.com or by contacting the Waverly	
	Community Development Office.	
	J. Access	Comments
□ 1.	Dwelling unit is able to be used/maintained without	
	unauthorized use of other private properties.	
□ 2.	Building has an alternate means of exit in case of fire (fire stairs, egress through window).	
□ 3.	All sleeping rooms above grade have an operable egress	
	window for escape compliant with size requirements in	
	building code, unless such room was designed and built	
	as a sleeping room and was compliant at the time it was	
	constructed.	
□ 4.	Sleeping rooms in the basement have operable egress	
	window(s) compliant with size requirements in the	
	current building code unless it meets such code because	
	of sprinkling and means of access to the outside.	
	K. Sanitary Condition	Comments
□ 1.		
	condition, and free of vermin and rodent infestation.	
□ 2.	Garbage and recycling containers are supplied.	
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	L. Smoke Detectors	Comments	
□ 1.	Each dwelling unit has at least one battery-operated or		
	hard-wired operating smoke detector on each level of		
	the unit, including basements.		
□ 2.	Smoke detectors are installed in accordance with a meet		
	the requirements of the National Fire Protection		
	Association Standard (NFPA) 74 (or its successor		
	standards). See <u>www.waverlyia.com</u>		
□ 3.	If the dwelling unit is occupied by any hearing-impaired		
	person, the smoke detectors have an alarm system		
	designed for hearing-impaired persons as specified in		
	NFPA 74 (or successor standards).		
	M. Occupancy Limitations	Comments	
□ 1.	Sleeping rooms have a minimum ceiling height of 7 feet.		
□ 2.	Sleeping rooms occupied by one adult contain a		
	minimum of 70 square feet, or 120 square feet for room		
	occupied with two adults.		
□ 3.	· · · · · · · · · · · · · · · · · · ·		
	adults in a two-bedroom unit. Units with three		
	bedrooms or more have no more adults than the		
	number of sleeping rooms plus one. An adult is someone		
	who is 18 years or older and not in high school. No		
	limitation for children.		
	N. Accessory Structures	Comments	
□ 1.			
	maintained in good condition.		
□ 2.	Walkways and sidewalks are maintained in good repair.		
	O. Off-Street Parking	Comments	
□ 1.	A maximum of one third of a front yard lot width is used		
	for required off-street parking (ie: if 66 feet wide, can		
	use up to 22 feet wide improved parking area).		
□ 2.	Unit has sufficient off-street parking. Please check		
	which of the following apply.		
() i. Single/duplex dwelling units have a minimum of two s	paces for each unit; three spaces for units with three	
	bedrooms and four spaces for units with four or more be	•	
	ii. Structures with multiple dwelling units have one space for each efficiency (studio) unit; one and one-half space		
	for each one bedroom unit; two spaces for each two or more bedroom unit.		
	O iii. Multiple dwellings for the elderly and disabled have three-quarters space per unit.		
□ 3.	There is no practical space or alternative for the off-		
	street parking required [owner may apply to the Board		
	of Adjustments for a variance of this section. See Section		
	91.3. (f)]. (Describe hardship)		
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I certify that I have inspected the aforementioned unit and that the information above is true and correct to the best of my knowledge.

Name (Please print):	Phone Number:		
Relationship to the Property:			
Signature:	Date:		

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