



# City of New Prague Residential Rental Inspection Checklist

Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Owner Agent: \_\_\_\_\_

Owner Agent Phone #: \_\_\_\_\_ Owner/Agent Email: \_\_\_\_\_

	Pass	Fail	Notes
Address Posted: <b>150.01</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Weather Tight Exterior: <b>154.05 H sub "o"</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Existing Deck Hand/Guardrails are Properly Functioning: <b>154.05 H sub "k"</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Operational Egress Windows/Doors: <b>154.05 H sub "k"</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Weeds/Vehicles: <b>92.37/92.18 sub "t"</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Existing Int. Hand/Guardrails are Properly Functioning: <b>154.05 H sub "k"</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toilet(s) Flush: <b>154.05 H sub "g"</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exposed Wires (Copper exposed, missing recpt. cover) <b>154.05 H sub "i"</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Smoke Detector/CO Detector Functioning: <b>154.05 sub "b, c"</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire Extinguisher: <b>154.05 H sub "d"</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heat Source Present: <b>154.05 H sub "h"</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____



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Water Heater vent/T&P Valve In Place: <b>154.05 H sub "g"</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Washer/Dryer shut offs & approved. venting: <b>154.05 H sub "g, h"</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dishwasher Drain line (Break): <b>154.05 H sub "g"</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gas range shutoff valve present: <b>154.05 H sub "h"</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Weekly Refuse Collection (Notify Landlord) <b>53.02 "b"</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self Supporting Fences/ Retaining wall: <b>92.15 "b"</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insect/Rodent/Pest Infestation: <b>154.05 sub "a"</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Call City Hall with any questions – (952) 758-1138.**

**ADDITIONAL NOTES:**