

# City of Coleraine

## Rental Housing Checklist

Date: \_\_\_\_\_

Address: \_\_\_\_\_ Landlord \_\_\_\_\_

<b>Utility Room</b>					
Furnace type		Gas	Oil	Electric	
Heat available in all habitable rooms			Yes	No	
Heating system properly vented			Yes	No	
Electrical Panel inspection sticker			Yes	No	
Carbon Monoxide detector			Yes	No	
<b>Water Heater</b>					
		Gas	Oil	Electric	
Relief Valve properly plumbed			Yes	No	
Heat to 120 degrees in all fixtures			Yes	No	
<b>Laundry</b>					
Dryer properly vented			Yes	No	
<b>Bedrooms</b>					
Smoke alarms and Carbon monoxide detectors present and working					
Smoke/CO alarm in each bedroom			Yes	No	
Smoke/CO alarm in vicinity outside bedrooms			Yes	No	
Smoke/CO alarm on each level of home			Yes	No	
Egress windows operable and accessible			Yes	No	
<b>Plumbing</b>					
Flushing toilets operational			Yes	No	
Leaks in any fixtures			Yes	No	
Hot and Cold water sinks in kitchen and all bathrooms			Yes	No	
Hot and Cold water available in all bathtubs and showers			Yes	No	
Privacy provided in each bathroom			Yes	No	
All plumbing connected to public or private sewer system?			Public	Private	
Date of last well and septic system inspection? (If applicable)					
Documentation provided?			Yes	No	
<b>Interior Doors</b>					
Proper sized, workable and with proper hardware			Yes	No	
<b>Exterior Doors</b>					
Proper sized, workable and with proper hardware			Yes	No	
House number on exterior			Yes	No	
<b>Structural</b>					
Siding condition	Not Acceptable	Poor	Acceptable	Good	
Foundation	Not Acceptable	Poor	Acceptable	Good	
Roof	Not Acceptable	Poor	Acceptable	Good	
<b>Pest Infestation Noticed</b>					
			Yes	No	

Notes: