

CITY OF GENEVA ~44 NORTH FOREST STREET~GENEVA~OHIO~44041 PHONE: 466-4675 FAX: 466-5027
DEPARTMENT OF PLANNING AND ZONING~RENTAL INSPECTION FORM

OWNER: _____ ADDRESS INSPECTED: _____

APPOINTMENT DATE & TIME: ___/___/___ @ _____ VIOLATIONS TO BE IN COMPLIANCE BY: ___/___/___.

VIOLATIONS WERE SERVED: IN PERSON TO OWNER _____ OR REP. _____ BY MAIL: _____ DATE ___/___/___.

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| SECTION 1462.07 : SANITARY CONDITIONS | SECTION 1462.12 : PLUMBING REQUIREMENTS |
| (a) (1) OWNER/OCCUPANT RESPONSIBILITIES | A. GENERAL REQUIREMENTS |
| A. GARBAGE-TRASH DISPOSAL | B. REQUIRED FACILITIES |
| B. EXTERMINATION | C. PLUMBING FIXTURES |
| (2) MAINTENANCE OF PREMISES | 1. CONNECTIONS |
| A. DILAPIDATED FENCES OR STRUCTURES | 2. MAINTENANCE |
| B. OUT OF USE AUTOS-AUTO PARTS-APPLIANCES | 3. ACCESS FOR CLEANING |
| C. DILAPIDATED MATERIALS - FURNITURE | D. WATER SYSTEM |
| (b) OCCUPANT RESPONSIBILITIES | E. SEWERAGE SYSTEM |
| SECTION 1462.08 : EXTERNAL STRUCTURE | SECTION 1462.13 MECHANICAL REQUIREMENTS |
| A. GENERAL | A. HEATING FACILITIES |
| B. STRUCTURAL MEMBERS | B. COOKING FACILITIES |
| C. FOUNDATION WALLS | C. INSTALLATION |
| D. EXTERIOR WALLS | D. BOILERS |
| E. ROOFS | E. FIREPLACES |
| F. DECORATIVE FEATURES | F. CLIMATE CONTROL |
| G. SIGNS & AWNINGS | G. ELEVATORS |
| H. CHIMNEYS | SECTION 1462.14 ELECTRICAL REQUIREMENTS |
| I. STAIRS & PORCHES | A. ELECTRICAL |
| J. WINDOWS & DOORS | 1. ELECTRICAL |
| K. GLAZING | 2. SERVICE |
| L. DOOR HARDWARE | B. INSTALLATION |
| M. BASEMENT GUARDS | C. DEFECTIVE SYSTEM |
| 1462.09 BASIC STANDARDS FOR OCCUPANCY | SECTION 1462.15 FIRE SAFETY |
| A. COMPLIANCE | A. MEANS OF EGRESS |
| B. LIMITATIONS | B. EXIT SIGNS |
| C. HABITABLE FLOOR AREA | C. FIRE RESISTANCE RATINGS |
| SECTION 1462.10 INTERIOR STRUCTURE | D. FIRE PROTECTION SYSTEMS |
| A. STRUCTURAL MEMBERS | E. FIRE DOORS |
| B. INTERIOR SURFACES | F. SMOKE DETECTORS |
| C. EXIT FACILITIES | |
| D. HANDRAILS | V I O L A T I O N S |
| SECTION 1462.11 LIGHT & VENTILATION | |
| A. GENERAL REQUIREMENTS | |
| B. LIGHT | |
| 1. HABITABLE SPACES | |
| 2. COMMON HALLS & STAIRWAYS | |
| 3. OTHER SPACES | |
| C. VENTILATION | |
| 1. HABITABLE SPACES | |
| 2. TOILET ROOMS | |
| 3. CLOTHES DRYER EXHAUST | |

PERMIT NUMBER _____ EXPIRATION DATE: ___/___/___.