

# CITY OF LAKE WORTH BUILDING DEPARTMENT

3805 Adam Grubb Dr. Lake Worth, Texas 76135

Ph 817-237-1211 ext 230 Fax 817-237-1333

## Rental Inspection Report

Property Address: \_\_\_\_\_  
Property Owner: \_\_\_\_\_  
Property Tenant: \_\_\_\_\_

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

Passed Inspection:  Yes  No

Temporary Release Until: \_\_\_\_\_

	Pass	Fail	N/A	Comments:
<b>A. Electrical</b>				
1. GFCI receptacles- kitchens, baths, garages & outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Receptacles, switches and fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Smoke detectors- all bedrooms & hallways to bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Main panel breakers labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Main panel minimum size 100 amps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Temporary or exposed wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>B. HVAC / Mechanical</b>				
1. Furnace or A/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Disconnect at A/C unit inside and outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Combustion air (gas only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Condensate drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Heater must maintain 68 degrees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Dryer vent properly installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>C. Plumbing</b>				
1. Required fixtures: toilets, sinks, tub/shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Required hot and cold water to all fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Vacuum breakers on hose bibs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Toilets, sinks, tub/showers working and properly installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Water heater properly installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. PTR on water heater working, correct piping and discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Cross connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>D. Gas Systems</b>				
1. Hand shutoff at all gas appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Flues/vents (furnaces and water heaters) missing or corroded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Gas test required on system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. All gas fired equipment must be vented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>E. Structural Standards</b>				
1. Foundation (pier and beam, concrete, other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Exterior walls (breaks, holes, loose or rotted material)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Windows/ Doors (broke, operable, screens, seals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Roofs shall be sound, tight and free of defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Porches, stairs, decks and balconies maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Exterior weather protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Emergency egress (exits) maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Door and window hardware maintained (locks and latches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>F. Property and Health Standards</b>				
1. Premise identification minimum 4" secured to building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Water wells maintained and protected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Rubbish and garbage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. High grass and weeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Extermination (rodent, insect and vermin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Parking, walkways, driveways, sidewalks maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Accessory structure (sheds, detached garage, fence and walls)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Inspector: \_\_\_\_\_ Received by: \_\_\_\_\_

Call (817) 237-1211 Ext 230 FOR SCHEDULING RE-INSPECTION

The municipal code provides for an infraction being imposed for non-compliance with Rental Ordinance #853. Re- inspection fees are \$ 50.00. Inspections are provided for the health, safety, and sanitation for the citizens of Lake Worth. Any violation not corrected in the required time allowed will be submitted to the Building Official for enforcement. Your cooperation is appreciated.