

Rental Safety Verification  
Inspection Sheet



Hagar Township

Rental Registration Number:		Date of Inspection:		Date of Last Inspection:	
Rental Type: <input type="checkbox"/> Long Term <input type="checkbox"/> Short Term		Inspection Type: <input type="checkbox"/> Initial		<input type="checkbox"/> Renewal <input type="checkbox"/> Re-inspection	
A. Zoning Compliance		B. Building Code Compliance (**)		C. Fire Code Compliance (**)	
1. In a rental or short-term rental how many bedrooms: _____		1. Window Fall Guard Protection: (<24" inside sill clearance & >6' drop outside window.) 2015 MRC R312.2 through R 312.2.2. Must meet ASTM F2090 Standard <input type="checkbox"/> Yes <input type="checkbox"/> No		1. Operating Smoke Detectors in each bedroom and each floor common area (IFC 907.2). 2021 IPMC F 704.6 <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Number of Parking Spots Available: _____  Does the available parking reflect the application form? <input type="checkbox"/> Yes <input type="checkbox"/> No		2. Railings for Stairways and Decks are in place and stable:  Handrails & Guards. 2021 IPMC 304.12. IPMC General 307.1 <input type="checkbox"/> Yes <input type="checkbox"/> No		2. Operating Carbon Monoxide Detector on each floor (Not required in rentals with all electrical appliances and detached garages) (IFC 1103.9) 2021 IPMC F 705.1 <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. If a short-term rental unit: does the unit have available for review an up-to-date self-inspection log? <input type="checkbox"/> Yes <input type="checkbox"/> No		3. **Bedroom Egress (one escape or rescue opening in each room) (height ≥24", width ≥20") 5.7 S.F. R 310.2.1 MRC. Window Wells with egress windows shall have an attached escape latter if >44" from grade to base of well. 2021 IPMC 702.4 <input type="checkbox"/> Yes <input type="checkbox"/> No		3. Electrical Hazards Not Present: (Cover Plates intact, no open wiring junction boxes and Electrical Panels have ≥30" of working space free of combustibile and Extension Cords shall not be a substitute for permanent wiring. (IFC 605.5) 2021 IPMC 605.1 through 605.4/2015 MRC E 3405.2 36/30 <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Permit for Occupancy: (Front Window Facing Address) <input type="checkbox"/> Yes <input type="checkbox"/> No		4. Circuits in Electrical Panels are properly labeled: 2015 MRC E 3706.2. Panelboard Circuit Identification. <input type="checkbox"/> Yes <input type="checkbox"/> No		4. Furnaces, Water Heaters and heating devices are clear of any combustibile materials: (at least 36"). IPMC M 603.3 Clearances. IPMC P 504.2 Fixture clearances <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Exterior maintained in a clean, safe and sanitary condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Outdoor, Kitchen or Bathroom Outlets are GFCI Protected: (NEC 210.8) + 2021 IPMC Receptacles 605.2 <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Address is prominently displayed at the road front with ≥4" Numbers: (IFC 505.1). 2021 Premises Identification IPMC 304.3 <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Interior maintained in a clean, safe and sanitary condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Does the bathroom have ventilation either by openable window or by mechanical ventilation? 2021 IPMC 403.2 <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Exits are maintained free of obstructions including ice and snow at all times. (IFC 1031). 2015 MRC R 311.1 Means of Egress <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. If a short-term unit: does the unit exceed the number of occupant's per-bedroom? <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Appliances are properly vented and vents are not obstructed? Elect. Equipment + Plumbing Fixtures + Equipment 504.1 + 603.1 Mech. Equip. + Appliances. IPMC <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Charcoal burners and other open flame cooking devices are not being operated on combustibile balconies or within 10 feet of combustibile construction (IFC 308.1.4) <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Good Neighbor Guideline available for renters: <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Any Other Violation _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Holes in walls, ceilings and doors. (Must be repaired to maintain fire rating) (IFC 605.5) <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Private Well BCHD Section 3.12 thru 3.13 requirements for dwellings <input type="checkbox"/> Yes <input type="checkbox"/> No				9. Basements shall be free of flammable liquid storage and attached Garages are limited to 10 gallons outside of approved storage cabinets. (IFC 5704) <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Rental Safety Verification Ordinance definitions: Maximum occupancy <input type="checkbox"/> Yes <input type="checkbox"/> No				10. Portable Unvented Fuel Fire Heating is not being used? (IFC) 603.41) <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Private Septic System BCHD Section 3.12 thru 3.13 requirements for dwellings <input type="checkbox"/> Yes <input type="checkbox"/> No				11. Operational - Accessible Fire Extinguisher within 30 feet of commercial cooking equipment and or where flammable/combustibile liquids are stored except in one and two family homes (IFC 906)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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\*\*Units that Hagar Township has records of building permit/occupancy need to at a minimum comply with the code in place at the time the permit was issued.  
\*\*Units that Hagar Township DOES NOT HAVE records of building permit/occupancy need to at a minimum comply with the current code.

Comments:

\*\*\*Order to Correct:

\*\*\*Notice Violation:

Inspected By: (Print)		Inspect By: (Signature)	
Inspected By: (Print)		Inspect By: (Signature)	
Report Received By: (Agent/Owner)****		E-Mail Address:	

\*\*\*\*If the Agent/Owner is refusing to sign or is not available indicate the refusal or unavailability.  
Not available:  Yes  No Refusing to sign:  Yes  No

- Compliance with the above requirements shall be effective immediately.** A re-inspection shall be conducted on/or after seven (7) days from the receipt of notice to verify compliance.
- You are hereby notified to remedy the conditions as stated above immediately.** After the conditions have been corrected, mail a copy of the notice within \_\_\_\_\_ days including a signature certifying completion.

**I CERTIFY THAT THE VIOLATIONS OR ORDERS TO CORRECT SPECIFIED ABOVE HAVE BEEN CORRECTED**

SIGNATURE: Agent/Owner		DATE:	
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