



RENTAL HOUSING RENEWAL

Building Official/Zoning Administrator
208 E Main Street, Manchester, Iowa 52057
Office 563.927.1112 | Mobile 563.920.0867
www.manchester-ia.org

SELF INSPECTION

DUE January 1

AN INSPECTION FORM MUST BE COMPLETED FOR EACH UNIT.

IF PROPERTY IS A DUPLEX OR MULTIPLE-DWELLING-UNIT BUILDING, A SEPARATE CHECKLIST IS REQUIRED FOR EACH UNIT.

PROPERTY ADDRESS: _____ **UNIT NO:** _____

UNIT INFORMATION						
Number of Bedrooms:	Bedroom #1	Bedroom #2	Bedroom #3	Bedroom #4	Bedroom #5	Bedroom #6
Square Foot of Each Bedroom:	sf	sf	sf	sf	sf	sf
Number of Parking Spaces (not grass):	Manchester Ordinance Chapter 165.27					

CHECK THE BOX NEXT TO EACH ITEM. IF AN ITEM NEEDS ATTENTION, PLEASE BRIEFLY EXPLAIN IN THE COMMENTS BOX.	
OCCUPANCY LIMITATIONS	
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Sleeping rooms have a minimum ceiling height of 7 feet.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Sleeping rooms occupied by one adult contain a minimum of 70 sf, or 120 sf for room occupied with two adults.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	No more than 2 adults in 1-bedroom unit or 4 adults in a 2-bedroom unit. Units with 3 bedrooms or more have no more adults than the number of sleeping rooms plus one. An adult is someone who is 18 years or older and not in high school. No limitation for children.
COMMENTS	
STRUCTURE & MATERIALS	
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Structurally sound with no threat to the health and safety of occupants, and will protect the occupants from the environment and from rodents.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Interior ceilings, walls, and floors do not have any serious defects.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Roof is structurally sound and weather-tight.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exterior wall structure and surfaces do not have any serious defects (holes, open siding, etc).
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Interior and exterior stairs/halls/porches/walkways, etc. are maintained so there is no danger of tripping and falling.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Handrails are installed on all stairs with four or more risers.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Porches and balconies more than 30" high have guardrails with opening not more than 4" wide.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Elevators, if present, must be working and safe.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	At least one of each: living room, kitchen, bathroom and compliant sleeping room.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Windows and exterior doors are accessible from the outside and are capable of being opened and locked.
COMMENTS	
ACCESS	
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Able to be used/maintained without unauthorized use of other private properties.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Building has an alternate means of exit in case of fire (fire stairs, egress through window).
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	All sleeping rooms above grade have an operable egress window for escape compliant with size requirements in building code, unless such room was designed and built as a sleeping room and was compliant at the time it was constructed.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Sleeping rooms in the basement have operable egress window(s) compliant with size requirements in the current building code unless it meets such code because of sprinkling and means of access to the outside.
COMMENTS	
THERMAL ENVIRONMENT	
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Capable of maintaining a thermal environment healthy for a human body.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Safe and properly operating system that provides adequate heat, either directly or indirectly, to each room.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Does not contain unvented room heaters that burn gas, oil, or kerosene. Electric heaters are acceptable.
COMMENTS	

INTERIOR AIR QUALITY

<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Free from dangerous levels of air pollution/carbon monoxide/sewer gas/fuel gas dust/other harmful pollutants.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Adequate air circulation.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Bathroom has at least one operable window to the outside or other adequate exhaust ventilation.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Sleeping rooms have at least one operable window unless no egress window is required.

COMMENTS

ILLUMINATION & ELECTRICITY

<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Each room has adequate natural or artificial light.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Sufficient electrical sources. The electrical fixtures/wiring ensure safety from fire.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	At least one window in the living room and each sleeping room, unless egress window is not required.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Kitchen and bathroom each have a permanent, properly operating ceiling or wall light fixture.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Kitchen has at least one properly operating grounded electrical outlet.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Living room, and each bedroom, have at least two properly operating electrical outlets.

COMMENTS

WATER SUPPLY

<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Served by an appropriate public or private, sanitary water supply.
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COMMENTS

SANITARY FACILITIES

<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Properly operating sanitary facilities.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Bathroom has a flush toilet in proper operating condition, located in a private room.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Bathroom sink and shower or tub in properly operating condition, with hot and cold running water.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Facilities utilize an approved public or private disposal system.

COMMENTS

SANITARY CONDITION

<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Dwelling unit and its equipment are in sanitary condition, and free of vermin and rodent infestation.
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COMMENTS

FOOD PREPARATION & REFUSE DISPOSAL

<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Suitable space and equipment to store, prepare, and serve food, in a sanitary manner.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Adequate facilities/services for the sanitary disposal of waste/refuse.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Adequate space and utility hook-ups for oven/stove/range/refrigerator. Equipment is in proper operating condition if supplied by Landlord.
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Kitchen sink in proper operating condition, with hot and cold running water that drains into an approved public or private system.

COMMENTS

LEAD BASED PAINT

<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846), Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4856) and implementing regulations at part 35, subparts A, B, M and R has been provided to lessee for structures built prior to 1978.
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COMMENTS

SMOKE DETECTORS & CARBON MONOXIDE ALARMS

<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Installed according to the most recent edition of the International Fire Code: 907.2.11.1 Group R-1 907.2.11.2 Groups R-2, R-3 and R-4
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COMMENTS

JUNK & DEBRIS IN YARD

<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Compliant with Manchester Ordinance Chapters 50 & 51 (see City website).
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I certify I have inspected the aforementioned unit and that the information above is true correct to the best of my knowledge.

Landlord Signature

Date