

Bathroom:

Flush Toilet	Yes <input type="checkbox"/>		Violation <input type="checkbox"/>	_____
Tub or Shower	Yes <input type="checkbox"/>		Violation <input type="checkbox"/>	_____
Sink	Yes <input type="checkbox"/>		Violation <input type="checkbox"/>	_____
GFI Outlets	Yes <input type="checkbox"/>		Violation <input type="checkbox"/>	_____
Hot and Cold Water	Yes <input type="checkbox"/>		Violation <input type="checkbox"/>	_____
Plumbing/Sewage	Yes <input type="checkbox"/>		Violation <input type="checkbox"/>	_____

Heating/Water Heater:

Heat: Gas/Electric/Other	Yes <input type="checkbox"/>		Violation <input type="checkbox"/>	_____
Water Heater	Yes <input type="checkbox"/>		Violation <input type="checkbox"/>	_____
Fire Place: Gas/Log/Electric	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Violation <input type="checkbox"/>	_____

Basement

One Unobstructed Exit	Yes <input type="checkbox"/>		Violation <input type="checkbox"/>	_____
Wiring	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Violation <input type="checkbox"/>	_____
Walls	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Violation <input type="checkbox"/>	_____
Floor	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Violation <input type="checkbox"/>	_____
Sump Pump	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Violation <input type="checkbox"/>	_____
Ceiling	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Violation <input type="checkbox"/>	_____
Windows	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Violation <input type="checkbox"/>	_____

Electrical Service

Amps 100	Yes <input type="checkbox"/>		Violation <input type="checkbox"/>	_____
Outside Lights	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Violation <input type="checkbox"/>	_____
Room Outlets (2 per Room)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Violation <input type="checkbox"/>	_____
Lights: Room/Hall/Stairway	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Violation <input type="checkbox"/>	_____

Safety:

Fire Extinguishers	Yes <input type="checkbox"/>		Violation <input type="checkbox"/>	_____
Mobile Homes – Two Types A. B. C. ~ One in Each End of Unit				
Smoke Alarms	Yes <input type="checkbox"/>		Violation <input type="checkbox"/>	_____
Carbon Monoxide Alarms	Yes <input type="checkbox"/>		Violation <input type="checkbox"/>	_____
One Unobstructed Exit	Yes <input type="checkbox"/>		Violation <input type="checkbox"/>	_____
Second Floor Egress	Yes <input type="checkbox"/>		Violation <input type="checkbox"/>	_____
Locks on Entry Doors	Yes <input type="checkbox"/>		Violation <input type="checkbox"/>	_____

If corrections are not complied with, utilities will be subject to disconnection. You are hereby ordered to correct the above violations. If you do not understand any part of this notice or feel you cannot comply with the allotted time, immediately contact the Codes Officer. Any violation found to exist, or which has been permitted to reappear after the date below, shall be construed as failure to comply with this notice of violation, and you will be subject to a fine, injunction or other court remedy.

THE ABOVE LISTED VIOLATIONS SHALL BE CORRECTED NO LATER THAN _____.

Signature & Title of Property Representative

Signature and Title of City Official