RESIDENTIAL RENTAL CERTIFICATE OF OCCUPANCY & INSPECTION APPLICATION



City of Tupelo Department of Development Services P O Box 1485, Tupelo, MS 38802-1485 (662) 841-6510 permits@tupeloms.gov

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| Received By: | |
| Date Received: | |
| Inspection Date: | |
| (for office use only) | |

This form required for all residential and short-term rental units. Units requiring construction, maintenance, renovations or other interior or exterior structural or lot changes require separate construction permit. Detached dwelling and short-term rental units require a site plan indicating off-street parking for occupancy is met.

RECORDED DEED AND LEASE AGREEMENT REQUIRED WITH APPLICATION.

Applicant or representative MUST be present at inspection.

Inspection may be rescheduled ONCE with 24 hour notice without incurring penalty fee. Penalty Fees (re-inspection or no show): 1st: \$50, 2nd: \$100, 3rd: \$200, 4th: \$400*.

*fee and citation to court for revocation of the certificate of occupancy for each unit and imposition of a Five-Hundred dollar (\$500.00) penalty **Applicant:** Name: ______ Phone: _____ Email: _____ Address: ____ Property Owner: Name: Phone: Email: _____ Address: ____ Property Manager: Name: Phone: Email: ______Address: ____ Rental Unit Location/Address: Parcel number of location: Rental Registration and License #: ______ Rental Charge per month \$ _____ Heated/Cooled Square Feet ______ Maximum Occupancy _____ (6+ adults requires approved Congregate Living Permit) **Rental Type:** Residential (30+ day rental) _____ Short-Term Rental (less than 30 day) ____ (Less than 1-yr) ____ Unit Type (select one): Single Family (entire home) ___ Detached Dwelling ___ Duplex Unit ____ Individual Bedroom Unit ___ Multifamily 3-8 unit ___ Multifamily 9+ unit ___ Total Units _____ # Units Occupied ____ #Units Vacant ____ (Note: All units require a CO) **Utilities provided by** (select one): Tupelo Water & Light ____ Tombigbee Electric Power Assoc. ____ **Does the residence have access to natural gas?** Yes ____ No___ If yes, date last operational _____ Utility services for electricity, water, sanitary sewer, waste management, and gas (if applicable) will be provided for at registered units by (select one): Owner ____ Tenant____ Please note if the following are not provided by the owner, agent, or manager as authorized by a rental agreement with the current tenant (agreement must be presented) Oven and range (or stove) with vent hood _____ Refrigerator (40-45 degrees) with freezer ____ If structure built before 1978, owner must initial below to indicate a Lead Disclosure Statement has been provided to the renter _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or City law regulating the approval of this occupancy nor does it nullify any private covenants, deed restrictions, or other restrictions running with the title to the property upon which this occupancy is allowed

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| Applicant Signature | | Date: |

RENTAL INSPECTION CHECKLIST

Inspector's Use Only

Checklist must be presented with Rental Inspection Form Initial each item to confirm compliance

| <u>Lawn/Yard</u> | | 6. | Roof and all awnings are weather-tight, watertight, free |
|--|---|----------------|--|
| 1. 2. 3. 4. | Waste Management provided Covered portable waste container provided No refuse in Right of Way Required landscaping where visible from street or adjacent property comparable to adjacent properties | 7. 8. 9. | of vermin, with no missing material including vents and/or boots Gutters and drains free of breaks, clogs Exterior walls/finish material weather-tight, watertight, free of vermin, with no missing material No evidence of broken, rotted, split, or buckling in roof |
| 5.6.7. | Landscaping free of overgrowth Exterior sidewalks, walkway, drive, parking area, and all exterior common areas free of holes, depressions, tripping hazards No evidence of stagnant water | | No evidence of broken, rotted, split, or buckling on exterior wall 4" premises identification numbers clearly posted on building |
| 8. | No apparent evidence of insect infestation, rodents, | Inte | erior Structure – all rooms and common areas |
| 9. | vermin, or nesting pests Swimming pool (24"+ water) properly maintained, | Ele | ctrical |
| | located in back of structure, and properly fenced Other facilities and/or equipment provided properly maintained | 2. | Minimum 60 amp electrical service provided Panel box properly labeled with no exposed openings 2 operational outlets minimum per room |
| Ext | erior Structure | 3. 4. | 2 operational outlets minimum per room One permanent light fixture with wall switch or |
| Ele | ctrical | | convenience outlet per room |
| 1. 2. | All exterior outlets are GCFI No frayed, exposed, unprotected, or uncovered wire | 5. | One permanent light fixture with wall switch or convenience outlet per stairway and hall (fixtures should not require passage through dark areas when |
| 3. | Lighting fixtures properly maintained | 0 | illuminated) |
| Do | ors and Windows | 6. | No frayed, exposed, unprotected, or uncovered wire |
| 2. 3. | One openable, screened, exterior window free of tears, holes, frame imperfections Exterior windows properly fit and weather stripped Exterior doors properly fit and weather stripped | 7. 8. 9. | Lighting fixtures properly maintained No tacked extension cords or makeshift wiring Outlets, outlet covers, and fixtures without holes, breaks, cracks |
| 4. | Doors and windows, including glaze, free of cracks, | Oth | ner |
| 5. | holes, breaks, missing or loose components Door and window hardware and frames maintained for intended use No outsign hallow some doors. | 1. | Total square feet per occupant met (220 sq ft minimum + 100 sq ft for each occupant for more than 2 occupants) |
| 6. 7. | No exterior hollow core doors Replacement doors, if applicable, provide same or better | 2. | Common room 120 sq ft minimum |
| • | sound transmission rating | 3. | No evidence of pests or vermin |
| 8. 9. | Deadbolt on all swinging doors Lock on all sliding doors Window or averaging (acaphala) on front/principal doors | 4. 5. | All interior doors capable of maintaining privacy Stairs stable and free of rot, missing and/or broken steps |
| 10. | Window or eye viewer (peephole) on front/principal door entrance OR adjacent window with view directly of front door | 6. | Handrail stable and fastened to wall or balusters on stairs with 3+ steps |
| Oth | | 7. | Guardrail and enclosure w/ less than 4 in openings |
| 1. 2. | No evidence of pests or vermin Handrail fastened to wall or balusters on stairs with 3+ steps | 8. 9. | through or under on all 30 in + height stairs No loose or torn floor covering on stairway No loose or torn floor covering within 3 ft of stairway |
| 3. | Guardrail and enclosure w/ less than 4in openings | 10. | Operational lock on all windows |
| 4. | through or under on all 30 in + height stairs Guardrail and enclosure w/ less than 4in openings through or under on all 30 in + height (from floor/ground) | 11. 12. | Floor free of holes, cracks, breaks, sloping, rot, and peeling paint Floor free of water damage |
| 5. | balconies and/or porches Foundation is weather-tight, watertight, free of vermin, | 13. | Interior walls free of holes, cracks, breaks, water |
| ٠. | with no missing material | 14. | damage, and peeling paint Ceiling free of holes, cracks, breaks, sagging, rot and peeling paint |

| | Ceiling free of water damage Cabinets free of holes, cracks, breaks and peeling paint | 8. No evidence of leaks or soft flooring near toilets, sinks showers, bathtubs9. Sink and toilet provided in half baths |
|-----|--|--|
| 17. | Plumbing and/or pipe entrance cuts in floors, walls, and/or ceiling sealed | 10. Toilets securely fastened to floor |
| 18 | No 6 in or larger tears in floor covering | Bedrooms |
| | No ¼ in or higher projections in floor | 1. One exterior, glazed window per room, at least 10 |
| | No evidence floor finish material is severely | square feet |
| 20. | deteriorated, unsafe, or unsanitary | 2. One openable exterior window at least 5 square fee |
| 21 | One operable carbon monoxide detectors if natural gas | <u> </u> |
| ۷۱. | or gas appliances (heater, water heater) for every one | One person occupancy bedrooms 70 square foo minimum |
| | thousand (1,000) square foot area or less | 4. Two person occupancy bedrooms 100 square foo |
| | No evidence (visual or odor) of mold | minimum |
| 23. | Water and wastewater utilities functional and free of hazard or defect | 5. 7 ft x 7 ft minimum |
| 24 | Water heater functional and free of breaks, leaks, rust, | 6. Access not required through another bedroom of |
| | other defects | bathroom |
| 25. | Water heater on 18" platform if outside heated/cooled | No exterior door access |
| | area | 8. Smoke detector with operational batteries in each |
| Kit | chen | bedroom |
| 1. | | Living Room/ Other habitable rooms |
| 2. | Suitable space to store food Suitable space to prepare food | 1. One exterior, glazed window per room, at least 10 |
| 3. | Suitable space to prepare food | square feet |
| 4. | Fixed sink with hot and cold water and waste water | 2. One openable exterior window at least 5 square fee |
| | connections | |
| 5. | Sink | 3. 70 square foot minimum |
| - | a. Smooth interior surface with rounded internal angles | 4. 7 ft x 7 ft minimum |
| | and corners | Smoke detector with operational batteries in hallways |
| | b. Impervious to water and grease | adjacent to bedrooms |
| | c. Free of cracks and/or breaks | Laundry Room |
| | d. 1 gallon per minute water flow | 1. One openable exterior window at least 1 ½ square fee |
| | e. GCFI outlets within 6 ft | OR mechanical ventilation |
| | f. Faucet free of leaks | 2. Appliances operational if provided by owners, agent, or |
| | g. Free of leaks under sink | manager |
| | h. Sink stoppers included | Dryer exhaust functional and sealed properly |
| 6. | Appliances provided, operational, clean, with available outlets | Heating, Ventilation, and Air Conditioning Unit |
| | a. Oven (cooking equipment may not be utilized to | Central heating provided and operational |
| | provide heat) | Tenant controlled heating |
| | b. Stove or range | 3. Heating able to reach 70 degrees at 3 ft above floor in |
| | c. Vent hood, properly connected | center of room |
| | d. Refrigerator (40-45 degrees) | 4. No solid, liquid, or gas fueled portable heat in use |
| | e. Freezer | Return air chamber holes sealed |
| 7. | Counter free of holes, breaks, cracks, dampness, pests, | Floor furnace disabled |
| | leaks | Multi-Unit or Complex |
| 8. | Pantry and/or cupboard free of holes, breaks, cracks, | 1. Public halls and stairwells naturally or artificially |
| | dampness, pests, leaks | illuminated at all times |
| 9. | Ceiling or sidewall light fixture with wall switch | Exterior entry lights are automatic or tenant controlled |
| Bat | throom | manual switch |
| 1. | Minimum one (1) permanent GCFI unit | 3. No inoperable vehicles (vehicles undergoing repair mus |
| 2. | GCFI outlets within 6ft of water source | be titled to resident and repaired within 14 days) |
| 3. | One openable exterior window at least 1 ½ square feet | 4. 4+ units |
| | OR mechanical ventilation | a. Sidewalks, passages, entryways illuminated by |
| 4. | May be accessed without going through a bedroom | fixture |
| 5. | No exterior door access | b. Parking lot illuminated |
| 6. | Faucets free of leaks | c. Cluster mailbox illuminated _ |
| 7. | Toilet, sinks, shower, bathtubs operational and free of | *All standards must be consistently met unless |
| | cracks or breaks in structure, seals, and glaze | *All standards must be consistently met unless temporarily necessary for repairs. |
| | | tomporarily necessary for repairs. |