EXHIBIT "B" INSPECTION CHECKLIST

SUBDIVISION:				LOT:		BLOCK:		ZONING:		
OWNER:				ADDRES	SS:		•	•		
OCCUPANT:	I I	EAR JILT:		PHONE:						
EXTERIOR		%	RESIDENTIAL	INTERIOR			%	RESIDENTIAL		
FOUNDATION JOIST-SILLS		15%		FLOORS AND FLOORS COVERING		6%				
EXTERIOR WALLS		10%		WAINSCOT			6%			
ROOF		15%		WALLS/CEILING						
PORCH'S/STAIRS		1%		PAINT			3%			
DOORS		1%		INTERIOR DOORS			1%			
WINDOWS		5%		KITCHEN CABINETS			3%			
VENTILATION				HVAC/HEATING			10%			
SCREEN AND SCREEN DOORS		1%		PLUMBING FIXTURES TRAPS, VENTS,			12%			
PAINT	3	3%		WATER HEATER						
ELECTRIC SERVI LIGHTS&SWITCH		3%								
EXTERIOR TOTAL		59% INTERIOR TOTAL				ΓAL	41%			
т						Total Pero	entage:			
Interior:										
			Applicant A	cknowle	edgment	ţ				
Applican Name				-			Co-Applicant Name			
Signature			Date	_		Signature			Date	
I, will be considered to 100%). If the evaluation				35% thru	65%) or					
Housing Staff Signature:					Date:					
C.D. Director Signture:						Date:				