

Code Compliance Department		Short Term Rental Inspection	
Maintenance Inspection Guide (MIG)		As of: 09-26-2012	
Investigator: Roy M. Huckabee, Ph.d.		Address: 910 BLANCO ST Bldg/Unit: Date: 10-23-14	
Path to Inspection & Exterior			
Item / IPMC Sec.	Observed Condition/Violation	Add Descriptions When Needed	
<input checked="" type="checkbox"/> Ext. Stairway (304.10) (304.1.1.12)	<input type="checkbox"/> treads: damaged/not maintain./dimen. viol. <input type="checkbox"/> riser height violation <input type="checkbox"/> structurally unsound <input type="checkbox"/> not installed/maintained to code		
<input checked="" type="checkbox"/> Balcony, deck, porch (304.10) (306.1.1) (304.1.1.12)	<input type="checkbox"/> structurally unsound <input type="checkbox"/> walking surface not maintained <input type="checkbox"/> improperly/inadequately anchored <input type="checkbox"/> not installed/maintained to code	REAR RIGHT STEPS R-PAIRED	
<input checked="" type="checkbox"/> Handrails (304.12-e), (305.5-i) (307.1) (304.1.1.12)	<input type="checkbox"/> missing <input type="checkbox"/> not installed/maintained to applicable code		
<input checked="" type="checkbox"/> Guards (304.12), (305.5-i), (307.1) (307.2) (304.1.1.12)	<input type="checkbox"/> intermed.(s) spacing exceeds allowable <input type="checkbox"/> loose/missing intermed. rail(s) <input type="checkbox"/> not installed/maintained to code		
<input checked="" type="checkbox"/> Ext. Walls (304.2) (304.6)	<input type="checkbox"/> damaged <input type="checkbox"/> inadequately protected <input type="checkbox"/> window trim <input type="checkbox"/> not installed/maintained to code		
<input checked="" type="checkbox"/> Roof (304.7)	<input type="checkbox"/> damaged <input type="checkbox"/> soffit/facia deterioration <input type="checkbox"/> leaking <input type="checkbox"/> not installed/maintained to code		
<input checked="" type="checkbox"/> Light fixture (605.3) (402.2)	<input type="checkbox"/> not maintained <input type="checkbox"/> exposed wiring <input type="checkbox"/> missing <input type="checkbox"/> not installed/maintained to code		
Exit/Egress Door(s)			
Item / IPMC Sec	Observed Condition/Violation	Add Descriptions When Needed	
<input checked="" type="checkbox"/> Door(s) (304.15) (304.18.1) (702.3)	<input type="checkbox"/> prohibited lock <input type="checkbox"/> damaged <input type="checkbox"/> threshold mainten. <input type="checkbox"/> inoper./faulty hardware/lock <input type="checkbox"/> deadbolt lock not provided <input type="checkbox"/> Inadeq. weather stripping <input type="checkbox"/> obstructed <input type="checkbox"/> not installed/maintained to code		
Windows			
Item / IPMC Sec	Observed Condition/Violation	Add Descriptions When Needed	
<input checked="" type="checkbox"/> windows(s) (304.2) (304.13) (304.18.2)	<input type="checkbox"/> prohibited/inoper./faulty lock <input type="checkbox"/> damaged <input checked="" type="checkbox"/> cracked <input type="checkbox"/> broken <input type="checkbox"/> not weather tight <input type="checkbox"/> not approved <input type="checkbox"/> does not remain open <input type="checkbox"/> not installed/maintained to code	IN LEFT BATH REPAIRED RT	
Living (≥120 sq.ft.)/Dining Area			
Item / IPMC Sec	Observed Condition/Violation	Add Descriptions When Needed	
<input checked="" type="checkbox"/> Walls / floor / ceiling (305.3) (305.4)	<input type="checkbox"/> loose surface material <input type="checkbox"/> damaged/not maintained <input type="checkbox"/> holes (≥32 sq.ft.)/(<32 sq.ft.) <input type="checkbox"/> trip hazard <input type="checkbox"/> not installed/maintained to code		
<input checked="" type="checkbox"/> Electrical (604) (605)	<input type="checkbox"/> cover plates <input type="checkbox"/> faulty outlets/switches <input type="checkbox"/> exposed wiring <input type="checkbox"/> light fixture(s) <input type="checkbox"/> inoperable/not maintained <input type="checkbox"/> not installed/maintained to code		
Kitchen			
Item / IPMC Sec	Observed Condition/Violation	Add Descriptions When Needed	
<input checked="" type="checkbox"/> Sink (504.1)	<input type="checkbox"/> leaking <input type="checkbox"/> clogged <input type="checkbox"/> not installed/maintained to code		
<input checked="" type="checkbox"/> Electrical & Appliances (603.1) (605.1)	<input type="checkbox"/> cover plates <input type="checkbox"/> exposed wiring <input type="checkbox"/> light fixture(s) <input type="checkbox"/> inoperable <input type="checkbox"/> faulty outlets/switches <input type="checkbox"/> hazardous <input type="checkbox"/> leaking <input checked="" type="checkbox"/> not installed/maintained to code	GFCI MISSING @ ISLAND REPAIRED RT	

<input checked="" type="checkbox"/> Walls / floor / ceiling (305.3) (305.4)	<input type="checkbox"/> loose surface material <input type="checkbox"/> damaged <input type="checkbox"/> holes ( $\geq 32$ sq.ft.)/(<32 sq.ft.) <input type="checkbox"/> trip hazard <input type="checkbox"/> not installed/maintained to code	
<b>Sleeping Room (If more than (1) Inspected, Identify which sleeping room the violation was observed)</b>		
<b>Item / IPMC Sec</b>	<b>Observed Condition/Violation</b>	<b>Add Descriptions When Needed</b>
<input checked="" type="checkbox"/> Egress window (702) (702.1) (702.5) (702.5.1)	<input type="checkbox"/> lacks required clear opening/does not meet code <input type="checkbox"/> obstructed <input type="checkbox"/> not provided <input type="checkbox"/> sill height exceeds allowable maximum <input type="checkbox"/> does not remain open <input type="checkbox"/> not installed/maintained to code	
<input checked="" type="checkbox"/> Electrical (604) (605)	<input type="checkbox"/> outlet covers <input type="checkbox"/> outlets/switches <input type="checkbox"/> light fixture(s) inoperable/not maintained <input type="checkbox"/> not installed/maintained to code	
<input checked="" type="checkbox"/> Walls / floor / ceiling(305.3) (305.4)	<input type="checkbox"/> loose surface material <input type="checkbox"/> damaged <input type="checkbox"/> holes ( $\geq 32$ sq.ft.)/(<32 sq.ft.) <input type="checkbox"/> trip hazard <input type="checkbox"/> not installed/maintained to code	
<b>Bathroom (If more than (1) bathroom inspected, Identify bathroom with the violation)</b>		
<b>Item / IPMC Sec</b>	<b>Observed Condition/Violation</b>	<b>Add Descriptions When Needed</b>
<input checked="" type="checkbox"/> Required Ventilation (403.2)	<input type="checkbox"/> not provided <input type="checkbox"/> not vented to exterior <input type="checkbox"/> not installed/maintained to code	
<input checked="" type="checkbox"/> Lavatory (502.1)	<input type="checkbox"/> not secure <input type="checkbox"/> faucet handle(s) broken/faulty/missing <input type="checkbox"/> faulty shut-off valves <input type="checkbox"/> trap leaking <input type="checkbox"/> low pressure <input type="checkbox"/> not installed/maintained to code	
<input checked="" type="checkbox"/> Tub/shower (502.1)	<input type="checkbox"/> inadequately caulked/sealed <input type="checkbox"/> leaking <input type="checkbox"/> valve(s) improperly maintained <input type="checkbox"/> other <input type="checkbox"/> not installed/maintained to code	
<input checked="" type="checkbox"/> Water closet (502.1)	<input type="checkbox"/> not secure <input type="checkbox"/> broken <input type="checkbox"/> leaking/cont. running <input type="checkbox"/> flush device faulty <input type="checkbox"/> clogged <input type="checkbox"/> not installed/maintained to code	
<input checked="" type="checkbox"/> Electrical (605)	<input type="checkbox"/> outlet covers <input type="checkbox"/> GFCI <input type="checkbox"/> outlets/switches <input type="checkbox"/> light fixture(s) inoperable/not maintained <input type="checkbox"/> not installed/maintained to code	
<input checked="" type="checkbox"/> Walls / floor / ceiling(305.3) (305.4)	<input type="checkbox"/> loose surface material <input type="checkbox"/> damaged <input type="checkbox"/> holes ( $\geq 32$ sq.ft.)/(<32 sq.ft.) <input type="checkbox"/> trip hazard <input type="checkbox"/> not installed/maintained to code	
<b>Systems</b>		
<b>Item / IPMC Sec</b>	<b>Observed Condition/Violation</b>	<b>Add Descriptions When Needed</b>
<input checked="" type="checkbox"/> Mech./HVAC. (602, 603)	<input type="checkbox"/> loose/missing register <input type="checkbox"/> lack of heat (68° min.) <input type="checkbox"/> inoperable <input type="checkbox"/> other(vent, location) <input checked="" type="checkbox"/> not installed/maintained to code	FLEX LINE THROUGH CABINET FLUORIN CONTACT W/IRCK Required
<input checked="" type="checkbox"/> Electrical (604.2) (604.3, 605.1)	<input type="checkbox"/> lack of electric service to dwelling <input type="checkbox"/> Improper electrical wiring <input type="checkbox"/> not installed/maintained to code	
<input checked="" type="checkbox"/> Fire Protection/Smoke alarm(s)(704)	<input type="checkbox"/> missing <input type="checkbox"/> not functioning <input type="checkbox"/> not installed/maintained to code	
<input checked="" type="checkbox"/> Plumbing(505.3), (505.4), (506)	<input type="checkbox"/> lack of water service to dwelling <input type="checkbox"/> other <input type="checkbox"/> lack of hot water (110° min.) <input type="checkbox"/> not installed in proper <input type="checkbox"/> not installed/maintained to code	
<input checked="" type="checkbox"/> Structural Ex(304.4)In(305.2)	<input type="checkbox"/> roof <input type="checkbox"/> walls <input type="checkbox"/> floor <input type="checkbox"/> foundation <input type="checkbox"/> not installed/maintained to code	
<input checked="" type="checkbox"/> Light (402)	<input type="checkbox"/> not provided <input type="checkbox"/> inadequate <input type="checkbox"/> not installed/maintained to code	
<input checked="" type="checkbox"/> Ventilation (403)	<input type="checkbox"/> not provided <input type="checkbox"/> inadequate <input type="checkbox"/> dryer exhaust <input type="checkbox"/> not installed/maintained according to code	

<input checked="" type="checkbox"/> Interior Stairway (305.4,5)	<input type="checkbox"/> treads: damaged/not maintain./dimension violation	
<input checked="" type="checkbox"/> Handrail/Guardrail (307.1,2)	<input type="checkbox"/> riser height violation <input type="checkbox"/> structurally unsound	
	<input type="checkbox"/> missing <input type="checkbox"/> not installed/maintained to code	
<b>Water Heater</b>		
<b>Item / IPMC Sec</b>	<b>Observed Condition/Violation</b>	<b>Add Descriptions When Needed</b>
<input checked="" type="checkbox"/> T & P Valve (505.4)	<input type="checkbox"/> improperly installed <input type="checkbox"/> improperly terminated	
<input checked="" type="checkbox"/> T & P line	<input type="checkbox"/> unapproved material <input type="checkbox"/> missing <input type="checkbox"/> not intalled/maint. to code	
<input type="checkbox"/> Vent (505.4) (603.3)	<input type="checkbox"/> cap missing <input type="checkbox"/> inadequate clearance to combust.	
	<input type="checkbox"/> improper termination <input type="checkbox"/> not intalled/maint. to code	
<input checked="" type="checkbox"/> Combust. Air (505.4) (603.5)	<input type="checkbox"/> not to code <input type="checkbox"/> not provided <input type="checkbox"/> inadequate	
	<input type="checkbox"/> improper location <input type="checkbox"/> not installed/maintained to code	
<input checked="" type="checkbox"/> Unit (505.4)	<input type="checkbox"/> improper location <input type="checkbox"/> improperly installed / maintained	Unit on outside did not seal. RT
	<input type="checkbox"/> not installed/maintained to code	
<b>Infestation</b>		
<b>Item / IPMC Sec</b>	<b>Observed Condition/Violation</b>	<b>Add Descriptions When Needed</b>
<input checked="" type="checkbox"/> Pest Elimin. (309.1,2,3,4,5)	<input type="checkbox"/> infestation of: <input type="checkbox"/> rodents <input type="checkbox"/> roaches <input type="checkbox"/> bed bugs	
<input checked="" type="checkbox"/> Rodent Harborage (302.5)	<input type="checkbox"/> bees <input type="checkbox"/> fleas <input type="checkbox"/> other	
<input checked="" type="checkbox"/> Infestation (108.1.3)		
<b>Accessory Structure(s)</b>		
<b>Item / IPMC Sec</b>	<b>Observed Condition/Violation</b>	<b>Add Descriptions When Needed</b>
<input checked="" type="checkbox"/> Structure(s) (302.7)	<input type="checkbox"/> unsound Accessory structure <input type="checkbox"/> detached wall	
	<input type="checkbox"/> unsound fence (leaning, dilapidated, collapsed)	
	<input type="checkbox"/> retaining wall not maintained	
	<input type="checkbox"/> not installed/maintained to code	
<input checked="" type="checkbox"/> Swimming Pool(s) (303.1, 303.2)	<input type="checkbox"/> gates <input type="checkbox"/> not installed/maintained to code	

\*Please attach additional violation information on separate page(s)

I, Roy M. Huckabee [inspector name] conducted a visual inspection of the interior and exterior areas of all structure(s), dwelling unit(s), common area(s), and appurtenances of the property located at 910 BLANCK ST. AUSTIN 78702 [address] on 10-23-14 [date/s].

Based on my inspection of this property on such date/s, I find that it is safe to occupy for residential purposes in its present condition. I observed in connection with my inspection/s of this property nothing that indicates or suggests that the property in its present condition poses a hazard to life, health, or public safety.

I have completed for this property the STR checklist form provided for such purpose by the City of Austin Code Compliance Department STR Licensing Division. I have noted on the form any deficiencies (violations), concerns, or suspect conditions for which I recommend additional action or further investigation.

If I have reinspected this property, I have also noted on this form whether and when I verified that deficiencies previously noted by me or by a previous inspection have been corrected and whether additional issues or concerns are identified by me upon my reinspection of this property.

Should the form I completed for this property's inspection or reinspection indicate deficiencies that I have noted remain uncorrected, my signature here is intended to certify to the City of Austin Code Compliance Department that I believe this property nevertheless is safe to occupy despite the uncorrected conditions I have noted on my form.

I understand and intend that the City of Austin rely on this certification by me of the safety of this property for residential use as short term lodging by the public in deciding whether to approve the property owner's application for a license to operate this property in its present condition for a Short Term Rental use.

Rm (signature), 10-23-14 date, 6373 (TREC or TCE license number), 12/31/14 (expiry date)

Maintenance Inspection Guide (MIG) Occupied (Tenant) - Residential 10-4-2012

2/25/15 ALL ITEMS REPAIR Rm TREC # 6373