

**RESIDENTIAL CERTIFICATE OF OCCUPANCY INSPECTION REPORT**

**CITY OF TUPELO**

Department of Planning & Community Development  
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**PERMIT #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**NEIGHBORHOOD DISTRICT:** \_\_\_\_\_

**APPROVED:** \_\_\_\_\_ **DISAPPROVED:** \_\_\_\_\_ **RE-INSPECTION** \_\_\_\_\_

**BUILDING STRUCTURE**

- |   |   |
|---|---|
| <input type="checkbox"/> DEFECTIVE SILLS, PORCHES, STEPS                    | <input type="checkbox"/> DEFECTIVE WINDOWS OR DOORS |
| <input type="checkbox"/> SAGGING OR UNSOUND: WALLS, FLOORS, ROOF OR CEILING | <input type="checkbox"/> DEFECTIVE CEILINGS         |
| <input type="checkbox"/> RAILING AROUND PORCHES AND STEPS IF OVER 30" HIGH  | <input type="checkbox"/> INCORRECT DEADBOLT LOCKS   |
| <input type="checkbox"/> ONE OPERABLE WINDOW W/SCREEN / BEDROOM (NO PROPS   | <input type="checkbox"/> ADDRESS POSTED             |
| <input type="checkbox"/> SCREENS ON WINDOWS AND DOOR/ (IF NO A/C)           | <input type="checkbox"/> BARS ON WINDOWS AND DOORS  |

**PLUMBING / GAS**

- |  |  |
|--|--|
| <input type="checkbox"/> WATER HEATER VENTED PROPERLY                        | <input type="checkbox"/> BROKEN SEWER OR DRAIN LINES     |
| <input type="checkbox"/> <10,000 BTU / BEDROOM / <6,000 BTU / BATHROOM       | <input type="checkbox"/> MISSING OR DEFECTIVE FIXTURES   |
| <input type="checkbox"/> WATER HEATER IN BATH OR BEDROOM CLOSETS             | <input type="checkbox"/> WATER LEAKS IN PIPES / FIXTURES |
| <input type="checkbox"/> CUT OFF VALVES ON ALL GAS APPLIANCES                | <input type="checkbox"/> COLD WATER CUT OFF ON W/H       |
| <input type="checkbox"/> OXYGEN DEPLETION VALVES ON BATH AND BEDROOM HEATERS | <input type="checkbox"/> W/H POP-OFF PIPED TO OUTSIDE    |

**ELECTRICAL**

- |   |   |
|---|---|
| <input type="checkbox"/> DEFECTIVE EXTERIOR PANEL BOX AND MAST HEAD | <input type="checkbox"/> UNSAFE OR EXPOSED WIRING |
| <input type="checkbox"/> UNSAFE SWITCH BOXES / OUTLETS              | <input type="checkbox"/> EXPOSED WIRING           |
| <input type="checkbox"/> SMOKE DETECTORS IN EACH BEDROOM & HALLWAY  | <input type="checkbox"/> PANEL BOX LABELED        |
|   | <input type="checkbox"/> PROPER GROUNDING         |

**SANITATION AND HEALTH CONDITION (INTERIOR / EXTERIOR)**

- |  |  |
|--|--|
| <input type="checkbox"/> UNSANITARY INTERIOR   | <input type="checkbox"/> INFESTATION OF INSECTS OR RODENTS |
| <input type="checkbox"/> EXCESSIVE LITTER AND DEBRIS ON PREMISES                         | <input type="checkbox"/> OVER GROWN LOT                    |
| <input type="checkbox"/> INADEQUATE FOOD PREPARATION AREAS, SHELIVING, CABINET & DRAWERS | <input type="checkbox"/> ABANDONED MOTOR VEHICLE           |
| <input type="checkbox"/> JUNK / DEBRIS AROUND PERIMETER OF HOUSE                         |  |

NOTE: HOUSE WILL BE TURNED OVER TO HOUSING CODE INSPECTOR IF THERE ARE TOO MANY VIOLATIONS TO PASS THE INSPECTION.

**COMMENTS:**

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**BUILDING INSPECTOR (SIGNATURE)**

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**OWNER / TENANT / AGENT / APPLICANT (SIGNATURE)**