

Off (301) 985-5014
Fax (301) 985-5007

City of Hyattsville
Department of Code Compliance
4310 Gallatin Street, Hyattsville, Maryland 20781
Single Family Rental License Inspection Report

Date _____
Time _____

Property Address: _____

Owner: _____

Manager / Agent: _____

Email: _____

Tenant(s): _____

Present at Inspection? Yes No
Yes No

Phone: _____

Type of Inspection: Initial Renewal Special Legend: (A) Acceptable (V) Violation (NP) Not Provided

I. Exterior Areas

- a. Walkway(s)
- b. Driveway(s)
- c. Garage
- d. Carport
- e. Shed
- f. Grass
- g. Tree(s)
- h. Shrub(s)
- i. Hedge(s)
- j. Firewood
- k. Trash & Debris
- l. Fence
- m. _____

A	V	NP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Exterior Structure

- a. Walls
- b. Paint / Siding
- c. Roof
- d. Windows & Screens
- e. Door(s) & Hardware
- f. Address Numbers
- g. Gutters & Downspouts
- h. Porch
- i. Deck
- j. Patio(s)
- k. Stairs & Handrails
- l. _____
- m. _____

A	V	NP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Living Room

- a. Ceiling
- b. Walls
- c. Window(s) and Hardware
- d. Door(s) and Hardware
- e. Flooring
- f. Electrical Outlet(s) (GFCI)
- g. Lighting
- h. _____

A	V	NP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Dining Room

- a. Ceiling
- b. Walls
- c. Window(s) and Hardware
- d. Door(s) and Hardware
- e. Flooring
- f. Electrical Outlet(s) (GFCI)
- g. Lighting
- h. _____

A	V	NP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. Kitchen

- a. Ceiling
- b. Walls
- c. Window(s) and Hardware
- d. Door(s) and Hardware
- e. Flooring
- f. Electrical Outlet(s) (GFCI)
- g. Lighting
- h. Refrigerator
- i. Stove / Oven
- j. Sink
- k. Garbage Disposal
- l. _____

A	V	NP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. Bathroom (s)

- a. Ceiling
- b. Walls
- c. Window(s) and Hardware
- d. Door(s) and Hardware
- e. Flooring
- f. Electrical Outlet(s) (GFCI)
- g. Lighting
- h. Toilet
- i. Sink
- j. Shower / Bathtub
- k. Ventilation
- l. _____

A	V	NP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. Bedroom(s), # of

- a. Ceiling
- b. Walls
- c. Window(s) and Hardware
- d. Door(s) and Hardware
- e. Flooring
- f. Electrical Outlet(s) (GFCI)
- g. Lighting
- h. Closet
- i. _____
- j. _____
- h. _____

A	V	NP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. Basement

- a. Ceiling (Height)
- b. Walls
- c. Window(s) and Hardware
- d. Door(s) and Hardware
- e. Flooring
- f. Electrical Outlet(s) (GFCI)
- g. Lighting
- h. Stairs
- i. Handrails
- j. Egress
- h. _____

A	V	NP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IX. Mechanical

- a. Heating
- b. Air Conditioning
- c. Hot Water
- d. Electrical Panel

A	V	NP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

XI. Lead Paint Certification

Y N N/A

Comments: _____

Received by _____

Date _____

Inspector _____

Date _____