

**CITY OF KEARNEY BUILDING AND ZONING DIVISION
RESIDENTIAL
FINAL INSPECTION CHECK LIST**

Contractor _____ Building Address _____
 New Structure Remodel Moved Building Permit No. _____ Application Date _____
 Electrician _____ Permit No(s). _____
 Plumber _____ Permit No(s). _____
 Sewer Permit No(s). _____ Date Returned _____
 Flood Plain Elevation Certificate Filed _____ **NUMBER OF BEDROOMS** _____

BUILDING

OK NO

OK NO

<input type="checkbox"/>	<input type="checkbox"/>	Water seepage or cracks in basement walls / floors	<input type="checkbox"/>	<input type="checkbox"/>	Fire separation
<input type="checkbox"/>	<input type="checkbox"/>	Stairs over 3 risers – headroom / handrail / returned	<input type="checkbox"/>	<input type="checkbox"/>	Dryer ducted to the outside
<input type="checkbox"/>	<input type="checkbox"/>	Step standard size	<input type="checkbox"/>	<input type="checkbox"/>	Off-Street parking
<input type="checkbox"/>	<input type="checkbox"/>	Egress window in bedroom / basement	<input type="checkbox"/>	<input type="checkbox"/>	Address number on the house
<input type="checkbox"/>	<input type="checkbox"/>	Bathroom ventilated to outside	<input type="checkbox"/>	<input type="checkbox"/>	Sidewalks – Public _____ Private _____
<input type="checkbox"/>	<input type="checkbox"/>	Access to attic (22x30) minimum	<input type="checkbox"/>	<input type="checkbox"/>	Caulking – windows, doors, pipes, etc.
<input type="checkbox"/>	<input type="checkbox"/>	IEC Compliance / basement ___ wall ___ attic ___	<input type="checkbox"/>	<input type="checkbox"/>	Siding and trim nailed properly
<input type="checkbox"/>	<input type="checkbox"/>	Smoke detector / basement / bedroom / all levels	<input type="checkbox"/>	<input type="checkbox"/>	Vents in attic for ventilation
<input type="checkbox"/>	<input type="checkbox"/>	Painting and trim, interior / exterior	<input type="checkbox"/>	<input type="checkbox"/>	Deck or Porch – handrails / guards / stairs
<input type="checkbox"/>	<input type="checkbox"/>	Floor covering / finished wood floor	<input type="checkbox"/>	<input type="checkbox"/>	Below grade window wells protected
<input type="checkbox"/>	<input type="checkbox"/>	Yard graded for drainage	<input type="checkbox"/>	<input type="checkbox"/>	Yard infringement by A/C unit, etc.

ELECTRICAL

PLUMBING

OK NO

OK NO

<input type="checkbox"/>	<input type="checkbox"/>	Power panel labeled	<input type="checkbox"/>	<input type="checkbox"/>	Fixtures in place and properly operating
<input type="checkbox"/>	<input type="checkbox"/>	Polarity	<input type="checkbox"/>	<input type="checkbox"/>	Sewer cleanouts accessible
<input type="checkbox"/>	<input type="checkbox"/>	Panel-meter socket / Plumbing system bonded	<input type="checkbox"/>	<input type="checkbox"/>	Hot water heater installed properly
<input type="checkbox"/>	<input type="checkbox"/>	Fixtures in place and properly operating	<input type="checkbox"/>	<input type="checkbox"/>	Approved gas line & gas line shutoffs
<input type="checkbox"/>	<input type="checkbox"/>	Switches & receptacles all have plates / supported	<input type="checkbox"/>	<input type="checkbox"/>	Water conditioner installed properly
<input type="checkbox"/>	<input type="checkbox"/>	GFCI - garage / bath / exterior / kitchen / basement	<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher drain high as rim of sink
<input type="checkbox"/>	<input type="checkbox"/>	Receptacles have proper spacing	<input type="checkbox"/>	<input type="checkbox"/>	Sillcocks backflow (Cash Acme)
<input type="checkbox"/>	<input type="checkbox"/>	Disconnect on air conditioner	<input type="checkbox"/>	<input type="checkbox"/>	Remote meter reader connected

REMARKS:

Failure to complete unapproved items & call for re-inspection, may cause the City to request permanent electrical service be disconnected or the matter forwarded to the City Attorney for resolution, or both.

BUILDING INSPECTOR: _____ DATE: _____

CERTIFICATE OF OCCUPANCY ISSUED: _____