

ROOMING HOUSE APPLICATION AND INSPECTION CHECKLIST

Name of Owner: _____

Phone: _____

Address (of rooming house): _____

Mobile: _____

City, State Zip: _____

Fax: _____

Manager: _____

(if other than owner)

Call the Inspection Services Department @ 494-7518 to schedule an inspection.

Fee Amount: \$50.00 First Sleeping Room

\$5.00 Each Additional

Sleeping Room Inspection Fee: \$35.00

(Must accompany application)

No. of sleeping units: _____

Total No. of Tenants: _____

No. of handicap accessible units: _____

Total No. of Off Street Parking Spaces: _____

No. of efficiency units: _____

Do You Require Deposits? Yes No

No. of bathrooms: _____

Do Tenants Sign a Lease? Yes No

Size of common use area: _____ ft. X _____ ft.

Size of sleeping units and no. of people per room:

Room No. 1: _____ ft. X _____ ft.

No. People: _____

Room No. 2: _____ ft. X _____ ft.

No. People: _____

Room No. 3: _____ ft. X _____ ft.

No. People: _____

Room No. 4: _____ ft. X _____ ft.

No. People: _____

Room No. 5: _____ ft. X _____ ft.

No. People: _____

Room No. 6: _____ ft. X _____ ft.

No. People: _____

Room No. 7: _____ ft. X _____ ft.

No. People: _____

Room No. 8: _____ ft. X _____ ft.

No. People: _____

Signatures:

(Signature of Owner)

Date: _____

(Inspectors Name)

Date Inspected: _____

(City Clerk)

Date Approved: _____

I, (we), hereby certify and attest that my, (our), Rooming House does comply with or exceeds the regulations of the South Sioux City Municipal Code.

I, (we), further acknowledge that the condition set out in the Municipal Code shall be fully adhered to at all times in which this license is in full force and effect, and that the license is subject to revocation at any time that a violation occurs upon the licensed premises.

(Date Signed)

(Authorized Signature)

STATE OF NEBRASKA)

SS.

COUNTY OF DAKOTA)

Now on this _____ day of _____, 20 _____ before me a notary public in and said county and state, personally appeared _____, and _____, and _____, and to me known to be the identical person(s) who executed the foregoing document, and acknowledged the execution thereof to be their voluntary act and deed.

WITNESS my hand and official seal on the day and year last above written.

My commission expires: _____

NOTARY PUBLIC

ROOMING HOUSE MINIMUM REQUIREMENTS

COMMENTS

<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Adequate garbage and rubbish disposal facilities or garbage and rubbish storage containers.
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Secondary exit permitted for upper rooms with flat roof, deck, or platform 4' x 6' and 3'-6" high railing.
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Branch circuits protected by circuit breakers or fuses not to exceed the amp capacity of the smallest wire in circuit.
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	No duplex outlets serving more than 2 major appliances and without use of extension cord.
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	No more than 1 small convenience appliance per extension cord and no more than 2 extension cords per outlet.
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	No portable electric, gas, or oil space heater or any portable unvented space heater fueled by gas, kerosene, alcohol, or wood.
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	May 1 to September 30 – Exterior doors equipped with self closing screen doors and exterior windows equipped with screens.
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	November 1 to March 31 – All habitable rooms provided with insulated windows or storm windows.
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	No motorcycles, lawn mowers, gas cans or flammable liquids inside structure at any time.
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Sleeping rooms to be at least 70 sq. ft. for one occupant plus 50 sq. ft. for each additional.
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Premises clean, neat and sanitary.
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Interior hallway to have two exits.
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	One bathroom for each six quests.
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Guest list
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Handicapped access to the rooming house and 1 room, bathroom, entry and exit wheelchair accessible.
<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Adequate hard surfaced off street parking as required by zoning ordinance.

INSPECTOR'S NOTES AND ADDITIONAL COMMENTS:

[illegible]