



APPLICATION FOR:
Residential Rental Registration & Inspection Program

APPLICATION FEE (Per APN)

Single Family - \$100.00
 Multi-Family Fee - \$100.00 (1st Unit)
 Fee Per Additional Unit - \$10.00 (2nd + Units)
 Total Due: _____

Rental Permit #: _____
 New Application:
 Annual Renewal:
 Permit Expiration: _____

RENTAL PROPERTY INFORMATION

Property Owner: _____ Manager / Agent: _____
 Mailing Address: _____ Mailing Address: _____
 City/State/Zip: _____ City/State/Zip: _____
 Phone #: _____ Phone #: _____
 Email: _____ Email: _____

When a property is owned by a corporation or LLC, an associated natural person must be listed in this section, and a copy of the Articles of Organization listing the shareholders of the corporation or LLC must be submitted with the application *A local contact must be available if Manager and Property Owner reside outside a 15-mile radius of the incorporated limits of Barstow.*

RENTAL PROPERTY INFORMATION

RENTAL PROPERTY ADDRESS: _____ UNIT #: _____
 RENTAL PROPERTY APN: _____

INSPECTION REQUIREMENTS

As a Property Owner, you are responsible for conducting an inspection of your rental property's interior and exterior, located at the above-referenced address. Upon completion of the inspection, remit the completed inspection form to the City of Barstow Code Enforcement.

Please select one of the following:

I, Property Owner, elect to inspect the property in its entirety myself.

I, Property Owner, elect to have the City of Barstow Code Enforcement inspect the property. It is my responsibility to schedule the inspection with City Staff.

Property Owner Signature: _____ Date: _____

No Violation	Violation Present
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YARD / LANDSCAPING VIOLATIONS

<input type="checkbox"/>	<input type="checkbox"/>	Overgrown/dry vegetation or weeds.
<input type="checkbox"/>	<input type="checkbox"/>	Dangerous Nuisances: unsecured pools, ponds, or hot tubs.
<input type="checkbox"/>	<input type="checkbox"/>	Junk, trash, debris, equipment, appliances, indoor furniture, or other personal property no longer used for manufactured purpose.
<input type="checkbox"/>	<input type="checkbox"/>	Stored/Accumulated dirt, sand, concrete, and other similar items longer than 30 days with no ongoing construction.
<input type="checkbox"/>	<input type="checkbox"/>	Basketball hoop or other structure (skate ramp etc.) encroaching upon street or sidewalk.
<input type="checkbox"/>	<input type="checkbox"/>	Trash receptacles is/are showing spillage, defects, or not maintained.

VEHICLES / PARKING VIOLATIONS

<input type="checkbox"/>	<input type="checkbox"/>	Inoperable vehicle(s) in public view.
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle(s) parked on unimproved surface.
<input type="checkbox"/>	<input type="checkbox"/>	Parking areas inadequate and/or not maintained (i.e. potholes, debris).
<input type="checkbox"/>	<input type="checkbox"/>	Fire lanes not clearly identifiable.

EXTERIOR STRUCTURE SURFACES VIOLATIONS

<input type="checkbox"/>	<input type="checkbox"/>	No signage showing the owner or management company information posted. (<i>properties with four(4) or more units</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Deteriorating conditions (cracks, tears, holes, breaks, or peeling, cracked, or blistered paint or stucco) on exterior building (i.e. walls, roofs, balconies, stairs, stairways, and exterior light fixtures).
<input type="checkbox"/>	<input type="checkbox"/>	Unsecured/Unmaintained crawl space cover(s) and hatchway(s).
<input type="checkbox"/>	<input type="checkbox"/>	Staircase(s), guardrail(s), and/or handrail(s) are in poor condition.
<input type="checkbox"/>	<input type="checkbox"/>	No handrail(s) present with four or more steps or risers present.
<input type="checkbox"/>	<input type="checkbox"/>	No guardrail(s) present for porches, balconies, landings, floor, and roof openings, ramps, and decks with a drop-off to the ground over 30".
<input type="checkbox"/>	<input type="checkbox"/>	Address numbers or apartment building unit numbers not visible and/or illuminated.
<input type="checkbox"/>	<input type="checkbox"/>	Foundation in poor condition.
<input type="checkbox"/>	<input type="checkbox"/>	Roof is in disrepair (i.e. visible holes, sagging, excessive layers of shingles, curled, or missing shingles, hazardous limbs hanging over roof, rotted boards at eaves). Non-permanent articles or tarps on roof for more than thirty (30) days.
<input type="checkbox"/>	<input type="checkbox"/>	Holiday lights/temporary string lighting installed more than 90 days and/or in poor condition.
<input type="checkbox"/>	<input type="checkbox"/>	Exterior lighting in non-operable condition at entrance, exit corridors, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Electrical service panels, meters, and enclosures are in poor condition and/or not properly installed.

FENCES / GATES / SIDEWALKS VIOLATIONS

<input type="checkbox"/>	<input type="checkbox"/>	Fences / Gates / Walls are in poor condition. (i.e. leaning, missing, rotted, or cracked boards/blocks)
<input type="checkbox"/>	<input type="checkbox"/>	Graffiti present / Previous graffiti painted over with unlike colors to structure or fence.

POOLS VIOLATIONS

<input type="checkbox"/>	<input type="checkbox"/>	Swimming pool gates and enclosures are not in compliance with the Barstow Municipal Code. (Pools over 36" require a Building Permit)
<input type="checkbox"/>	<input type="checkbox"/>	Pools, spas, and/or hot tubs are not maintained pursuant to requirements of the Barstow Municipal Code.

DOORS, WINDOWS, AND LOCKS VIOLATIONS

<input type="checkbox"/>	<input type="checkbox"/>	Broken, defective, damaged, or dilapidated <input type="checkbox"/> Windows, <input type="checkbox"/> Window screens, <input type="checkbox"/> Doors, or <input type="checkbox"/> Vents.
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EXITING VIOLATIONS

<input type="checkbox"/>	<input type="checkbox"/>	Exits are not clear / obstructed to the public right of way.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fire doors / <input type="checkbox"/> Egress windows are non-operable and/or in poor condition.
<input type="checkbox"/>	<input type="checkbox"/>	Two means of egress exit from each inhabited floor above 1st story if rented separately from lower levels not present.

FIRE PROTECTION VIOLATIONS

<input type="checkbox"/>	<input type="checkbox"/>	Chimney is in poor condition, dirty, and/or has no spark arrestors.
<input type="checkbox"/>	<input type="checkbox"/>	Combustibles stored in the furnace/boiler or water heater compartment.
<input type="checkbox"/>	<input type="checkbox"/>	BBQ's, hibachis, and other outdoor cooking devices on the balcony and/or within 10ft of combustible construction.

ELECTRICAL VIOLATIONS

<input type="checkbox"/>	<input type="checkbox"/>	Overhead lighting is not operational and/or not in operational condition.
<input type="checkbox"/>	<input type="checkbox"/>	Exposed or bare live wires. Signs of frayed, exposed, burnt insulation and/or unprotected electrical wiring.
<input type="checkbox"/>	<input type="checkbox"/>	Electrical panel is <input type="checkbox"/> Missing cover plate / <input type="checkbox"/> Open breakers

PLUMBING VIOLATIONS

<input type="checkbox"/>	<input type="checkbox"/>	Water heater is <input type="checkbox"/> Not properly strapped / <input type="checkbox"/> Not equipped with a pressure relief valve that leads to the exterior of the structure.
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MECHANICAL VIOLATIONS

<input type="checkbox"/>	<input type="checkbox"/>	Gas lines do not have shut-off valves at the appliance connection.
<input type="checkbox"/>	<input type="checkbox"/>	Mechanical components (i.e. heating, screening, water, and sewer or septic tank maintenance or service) are not in working order.
<input type="checkbox"/>	<input type="checkbox"/>	Unvented gas heating appliance(s) present.
<input type="checkbox"/>	<input type="checkbox"/>	Mechanical equipment does not have light.

NUISANCES / INFESTATIONS VIOLATIONS

<input type="checkbox"/>	<input type="checkbox"/>	Property has visible insects, bugs, rodents, and/or other vermin.
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INTERIOR INSPECTION VIOLATIONS

HEATING / COOLING SYSTEM VIOLATIONS

<input type="checkbox"/>	<input type="checkbox"/>	Heater is not operating.
<input type="checkbox"/>	<input type="checkbox"/>	Cooling system is not operating.
<input type="checkbox"/>	<input type="checkbox"/>	Evaporative cooler leaking.
<input type="checkbox"/>	<input type="checkbox"/>	Insufficient heating/cooling system.

PLUMBING / SEWER SYSTEM VIOLATIONS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sink(s) <input type="checkbox"/> Toilet(s) <input type="checkbox"/> Pipe(s) is/are leaking in the following location(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sink(s) <input type="checkbox"/> Tub(s) and/or <input type="checkbox"/> Toilet(s) is/are not draining properly in the following locations: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hot and/or <input type="checkbox"/> Cold water not working properly.

ELECTRICAL SYSTEM VIOLATIONS

<input type="checkbox"/>	<input type="checkbox"/>	Electrical system not working properly. <input type="checkbox"/> Outlet(s): _____ <input type="checkbox"/> Switch(es) : _____ <input type="checkbox"/> Light Fixture(s) : _____
<input type="checkbox"/>	<input type="checkbox"/>	Illegal use of extension cord(s).
<input type="checkbox"/>	<input type="checkbox"/>	Electrical panel not working properly.
<input type="checkbox"/>	<input type="checkbox"/>	Poor wiring conditions: <input type="checkbox"/> Spliced wiring <input type="checkbox"/> Exposed wiring <input type="checkbox"/> Missing outlet/switch plates

STRUCTURAL, BUILDING, AND FIRE VIOLATIONS

<input type="checkbox"/>	<input type="checkbox"/>	Non-functioning or missing <input type="checkbox"/> Smoke Detectors (hallways/bedrooms) <input type="checkbox"/> Carbon Monoxide Detector (sleeping areas)
<input type="checkbox"/>	<input type="checkbox"/>	Roof appears to be leaking
<input type="checkbox"/>	<input type="checkbox"/>	Weather-stripping required at <input type="checkbox"/> Door(s) and/or <input type="checkbox"/> Window(s) in the following location(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Inoperable window(s) <input type="checkbox"/> Broken window(s) and/or <input type="checkbox"/> Screen(s) in the following locations: _____
<input type="checkbox"/>	<input type="checkbox"/>	Inoperable <input type="checkbox"/> Door(s) and/or <input type="checkbox"/> Door lock(s) in the following locations: _____
<input type="checkbox"/>	<input type="checkbox"/>	Unpermitted <input type="checkbox"/> Construction <input type="checkbox"/> Patio <input type="checkbox"/> Addition(s) <input type="checkbox"/> Structure(s)
<input type="checkbox"/>	<input type="checkbox"/>	Flooring in poor condition causing trip hazard and/or unsanitary conditions.
<input type="checkbox"/>	<input type="checkbox"/>	Walls require repair for: <input type="checkbox"/> Holes <input type="checkbox"/> Missing Sections <input type="checkbox"/> Collapsing <input type="checkbox"/> Buckling <input type="checkbox"/> Sagging

Items Marked as Violation Present (provide further explanation):

PLEASE NOTE, a City of Barstow Building Permit may be required to complete the necessary correction(s). Permit information can be obtained by contacting the City of Barstow's Building Department at (760) 255-5161.

CERTIFICATION

I certify that I have inspected the aforementioned unit and that the information above is true and correct to the best of my knowledge. (Provide this form to the City of Barstow and keep a copy for your files)

Date: _____ Signature: _____
(Property Owner)

OR:

I hereby certify that I am NOT the record owner of the property in this application, and that I have given consent to this rental property registration and inspection, per the attached letter. Said property is owned by:

Date: _____ Signature: _____
(Authorized Agent)

ADVISORY

Please complete all sections and make any necessary corrections. Return this form with your check made payable to the City of Barstow. **You must notify the City of Barstow of any changes that will affect your fee and/or permit.**

OFFICE USE ONLY			
Date Received: _____		Received By: _____	
RIGHT-OF-WAY INSPECTIONS			
	Inspection Dates:	Code Officer:	Inspecting Officer's Signature:
1 st			
2 nd			
3 rd			
Final			
Additional Notes:			