

Community Development Department
 Neighborhood Conservation Services Division
 NFC Inspection Worksheet

Inspector:
 Inspector Date:
 Neighborhood:

Name:
 Address:

1. Mechanical	Yes/No		Est. Cost	Comments
Gas on	<input type="checkbox"/>	<input type="checkbox"/>		
Gas pipe to code	<input type="checkbox"/>	<input type="checkbox"/>		
Furnace older than 15 yrs.	<input type="checkbox"/>	<input type="checkbox"/>		
Water heater older than 15 yrs.	<input type="checkbox"/>	<input type="checkbox"/>		
Central air unit	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

2. Plumbing	Yes/No		Est. Cost	Comments
Water service on	<input type="checkbox"/>	<input type="checkbox"/>		
Copper to meter	<input type="checkbox"/>	<input type="checkbox"/>		
Copper from interior meter	<input type="checkbox"/>	<input type="checkbox"/>		
Adequate water pressure	<input type="checkbox"/>	<input type="checkbox"/>		
Plumbing leaks	<input type="checkbox"/>	<input type="checkbox"/>		
Fixtures in working order	<input type="checkbox"/>	<input type="checkbox"/>		
Traps/vents to code	<input type="checkbox"/>	<input type="checkbox"/>		
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>		
Garbage disposal	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

3. Electrical	Yes/No		Est. Cost	Comments
Power on	<input type="checkbox"/>	<input type="checkbox"/>		
100 AMP services	<input type="checkbox"/>	<input type="checkbox"/>		
Mast in good condition	<input type="checkbox"/>	<input type="checkbox"/>		
Two outlets per room	<input type="checkbox"/>	<input type="checkbox"/>		
Missing/inoperable fixtures	<input type="checkbox"/>	<input type="checkbox"/>		
Missing switch plates/covers	<input type="checkbox"/>	<input type="checkbox"/>		
Missing light globes/lens covers	<input type="checkbox"/>	<input type="checkbox"/>		
Illegal wiring	<input type="checkbox"/>	<input type="checkbox"/>		
Electrical to garage	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

4. Foundation	Yes/No		Est. Cost	Comments
Block, brick, tile, brick & tile or poured	<input type="checkbox"/>	<input type="checkbox"/>		
Access to/from interior	<input type="checkbox"/>	<input type="checkbox"/>		
Ledge(s)	<input type="checkbox"/>	<input type="checkbox"/>		
Crawl space(s)	<input type="checkbox"/>	<input type="checkbox"/>		
Cracks	<input type="checkbox"/>	<input type="checkbox"/>		
Deflection	<input type="checkbox"/>	<input type="checkbox"/>		
Loose, crumbling bricks, tile or plaster	<input type="checkbox"/>	<input type="checkbox"/>		
Standing water	<input type="checkbox"/>	<input type="checkbox"/>		
Evidence of mold	<input type="checkbox"/>	<input type="checkbox"/>		
Evidence of moisture	<input type="checkbox"/>	<input type="checkbox"/>		
Sump pump	<input type="checkbox"/>	<input type="checkbox"/>		
Landscape draining away from house	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

5. Interior	Yes/No		Est. Cost	Comments
Walls need repair/paint	<input type="checkbox"/>	<input type="checkbox"/>		
Ceilings need repair/paint	<input type="checkbox"/>	<input type="checkbox"/>		
Floors need repair	<input type="checkbox"/>	<input type="checkbox"/>		
Floors coverings need replaced	<input type="checkbox"/>	<input type="checkbox"/>		
Bathroom vanity/cupboards ok	<input type="checkbox"/>	<input type="checkbox"/>		
Bath ventilation	<input type="checkbox"/>	<input type="checkbox"/>		
Kitchen cupboards/counters ok	<input type="checkbox"/>	<input type="checkbox"/>		

	<input type="checkbox"/>	<input type="checkbox"/>		
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Borrower:

6. Exterior	Yes/No		Est. Cost	Comments
Siding type	<input type="checkbox"/>	<input type="checkbox"/>		
Siding needs repair/replace	<input type="checkbox"/>	<input type="checkbox"/>		
Trim needs repair/replace	<input type="checkbox"/>	<input type="checkbox"/>		
Soffit/fascia repair/replace	<input type="checkbox"/>	<input type="checkbox"/>		
Prime windows repair/replace	<input type="checkbox"/>	<input type="checkbox"/>		
Storm windows repair/replace	<input type="checkbox"/>	<input type="checkbox"/>		
Sash cords present	<input type="checkbox"/>	<input type="checkbox"/>		
Broken glass	<input type="checkbox"/>	<input type="checkbox"/>		
Prime doors ok?	<input type="checkbox"/>	<input type="checkbox"/>		
Exterior paint needed?	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

7. Roof	Yes/No		Est. Cost	Comments
7 to 10 years of life left	<input type="checkbox"/>	<input type="checkbox"/>		
More than two layers	<input type="checkbox"/>	<input type="checkbox"/>		
Areas with specific damage	<input type="checkbox"/>	<input type="checkbox"/>		
Chimney in good condition	<input type="checkbox"/>	<input type="checkbox"/>		
Adequate attic ventilation	<input type="checkbox"/>	<input type="checkbox"/>		
Gutters & downspouts functional	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

8. Site	Yes/No		Est. Cost	Comments
Walks ok	<input type="checkbox"/>	<input type="checkbox"/>		
Fence ok	<input type="checkbox"/>	<input type="checkbox"/>		
Garage ok	<input type="checkbox"/>	<input type="checkbox"/>		
Shed ok	<input type="checkbox"/>	<input type="checkbox"/>		
Driveway ok	<input type="checkbox"/>	<input type="checkbox"/>		
Approach ok	<input type="checkbox"/>	<input type="checkbox"/>		
Tree removal/trimmed	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Additional comments:

BE ADVISED: This inspection was created for the benefit of NFC, to assist in creating a rehab plan for loan purposes. NFC assumes no liability for problems not discovered in this inspection. There is no inspection that

can determine all repairs that are needed on an older house. If the reader has concerns they should consult with a qualified building inspector, contractor, or the City of Des Moines Permit Center.