Residential Certificate of Occupancy Application
For Single Family, Duplex, and Manufactured Homes

City of Mineral Wells Inspections Department
211 Southwest 1st Avenue, Mineral Wells, TX 76067
(940) 328-7715

Please Print Phone No. _____

Property Address: _____

Property Owner: _____ Occupant: _____

Property Owner's Mailing Address: _____

Occupant's Mailing Address: _____

I understand that if the initial Certificate of Occupancy inspection reveals violations, compliance is required within 30 days from the date of the initial inspection unless an extension has been granted by the building official. It is the responsibility of the property owner/applicant to notify the Inspections Department to schedule a re-inspection if necessary. If compliance is not met within the allotted 30 days without an approved extension from the building official, the property owner/applicant will receive a citation and/or the water utility service will be interrupted.

_____ _____
Applicant's Signature Date

Last C/O date: _____ Certificate of Occupancy: _____

Permit Number: _____

Appointment date and time: _____

Inspector: _____

City Of Mineral Wells Inspections Department

Phone (940)328-7715 (940)328-7716 Fax (940)328-7734

Residential Certificate of Occupancy Inspection Report

Property Address: _____ Date: _____
Property Owner: _____ Phone: _____
Property Tenant: _____ Phone: _____

Passed Inspection [ ] YES [ ] NO **Temporary Certificate of Occupancy Until:** _____

	Pass	Fail	N/A	Comments:
Structural Standards				
1. Foundation (pier and beam, concrete, other)	[ ]	[ ]	[ ]	_____
2. Exterior walls (breaks, holes, loose or rotted material)	[ ]	[ ]	[ ]	_____
3. Windows/ Doors (operable, screens, seals)	[ ]	[ ]	[ ]	_____
4. Roof shall be sound, tight and free of defects	[ ]	[ ]	[ ]	_____
5. Porches, stairs, decks and balconies maintained	[ ]	[ ]	[ ]	_____
6. Exterior weather protected (paint etc.)	[ ]	[ ]	[ ]	_____
7. Emergency egress (exits) maintained	[ ]	[ ]	[ ]	_____
8. Door and window hardware maintained (locks and latches)	[ ]	[ ]	[ ]	_____
Property and Health Standards				
1. Premise identification minimum 4"	[ ]	[ ]	[ ]	_____
2. Rubbish and garbage	[ ]	[ ]	[ ]	_____
3. High grass and weeds	[ ]	[ ]	[ ]	_____
4. Extermination (rodent, insect and vermin)	[ ]	[ ]	[ ]	_____
5. Parking, walkways, driveways, sidewalks maintained	[ ]	[ ]	[ ]	_____
6. Accessory structures (sheds, detached garage, fence and walls)	[ ]	[ ]	[ ]	_____
Plumbing				
1. Required fixtures: toilets, sinks, tub/shower	[ ]	[ ]	[ ]	_____
2. Required hot and cold water to all fixtures	[ ]	[ ]	[ ]	_____
3. Vacuum breakers on hose bibs	[ ]	[ ]	[ ]	_____
4. Toilets, sinks, tub/showers working and properly installed	[ ]	[ ]	[ ]	_____
5. Water heater properly installed	[ ]	[ ]	[ ]	_____
6. PTR on water heater working, correct piping and discharge	[ ]	[ ]	[ ]	_____
7. Cross connection	[ ]	[ ]	[ ]	_____
Gas Systems				
1. Hand shutoff at all gas appliances	[ ]	[ ]	[ ]	_____
2. Flues/vents (furnaces and water heaters) missing or corroded	[ ]	[ ]	[ ]	_____
3. All gas fired equipment properly vented	[ ]	[ ]	[ ]	_____
Electrical				
1. GFCI receptacles- kitchens, baths, garages & outdoors	[ ]	[ ]	[ ]	_____
2. Receptacles, switches and fixtures	[ ]	[ ]	[ ]	_____
3. Smoke detectors- all bedrooms & hallways to bedrooms	[ ]	[ ]	[ ]	_____
4. Main panel breakers labeled	[ ]	[ ]	[ ]	_____
5. Temporary or exposed wiring	[ ]	[ ]	[ ]	_____
HVAC / Mechanical				
1. Furnace or A/C	[ ]	[ ]	[ ]	_____
2. Combustion air (gas only)	[ ]	[ ]	[ ]	_____
3. Condensate drain	[ ]	[ ]	[ ]	_____
4. Heater must maintain 68 degrees	[ ]	[ ]	[ ]	_____
5. Dryer vent properly installed	[ ]	[ ]	[ ]	_____

Inspector: _____ **Date:** _____ **Received By:** _____ **Date:** _____

Call (940)328-7715 or (940)328-7716 to schedule a re-inspection.