



**Community Development Department**  
 555 Washington Street  
 Red Bluff, CA 96080  
 (530) 527-2605  
[www.cityofredbluff.org](http://www.cityofredbluff.org)

**PROPERTY INSPECTION REPORT**  
**VACANT COMMERCIAL BUILDING PROGRAM**

Registration Type:

Initial       Monthly – Month: \_\_\_\_\_       Quarterly – Period: \_\_\_\_\_

**SUBJECT PROPERTY**

Address: \_\_\_\_\_ Date/Time of Inspection: \_\_\_\_\_

**INSPECTOR**

Name (First, Middle, Last): \_\_\_\_\_ Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**GENERAL**

Vacant Signage (9-5.4 CMC):  Yes  No      Electric Service:  Yes  No      Water Service:  Yes  No      Alarm System:  Burglar  Fire

Remarks: \_\_\_\_\_

**EXTERIOR**

Boarded Windows or Doors: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks: _____
All Doors in Good, Working Condition & Locked: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks: _____
All Windows in Good, Working Condition & Locked: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks: _____
Functional Lighting at Building Entrances/Exits: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks: _____
Landscaping and Plant Material in Good Condition: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Landscaping/Plants	Remarks: _____
Building Paint and Finish in Good Condition: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks: _____
Graffiti on Premises or Building(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks: _____
Trash, Litter or Debris: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks: _____
Overgrown or Hazardous Vegetation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks: _____
Unsecured Electrical Panel or Related Hazard: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks: _____
Deteriorated Parking Surfaces/Driveways (10-1.6 bb CMC): <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks: _____

Storage of Vehicles or Equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Any Other Public Nuisance (10-1.6 CMC) <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
General Description of Premises and Exterior of Building:	
<b>INTERIOR</b>	
Accumulation of Rubbish or Garbage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Broken Windows or Other Faulty Weather Protection: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Ceiling, Flooring and Wall Coverings Satisfactory Cond.: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Electrical Hazards: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Fire Suppression System Working: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	Remarks:
In Disrepair/Not Structurally Sound: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Plumbing Hazards: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Smoke Alarms Working? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Present	Remarks:
Storage of Chemicals: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Storage of Flammable Materials: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Surfaces Maintained in a Clean, Sanitary Manner: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
Water Leaks/Standing Water: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:
General Description of Interior of Building:	
<b>REQUIRED PHOTOS</b>	

- Exterior Premise:** Photos of the subject property, including parking areas, driveways and landscaping.
- Building Exterior:** Photos of all sides of the subject building.
- Required Signage:** Photo showing required posted vacant building signage.
- Building Interior:** Photos showing interior of building with close-up photos of any hazards identified.

**AFFIDAVIT OF INSPECTION**

The undersigned hereby attests to the above information as accurate as of the date of the inspection. Any falsification may result in the denial or revocation of registration for a vacant building as well as disqualification from conducting other vacant commercial building inspections as part of the registration program.

\_\_\_\_\_  
Signature of Inspector

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Submit completed form to:**

**Community Development Department  
Attn: Vacant Building Program  
555 Washington Street  
Red Bluff, CA 96080**

SAMPLE