

CITY OF ELKINS
Rental Dwelling Unit Inspection Report

On _____, in accordance with the Elkins City Code and the International Building Code, the rental dwelling unit known as _____ was inspected by personnel of the City Building Inspection Division; such inspection disclosed:

_____ **No significant violations of the applicable codes.**
_____ **Violations as listed below, to be corrected within the stated time.**

A certificate of Use and Occupancy for the dwelling unit is hereby:

_____ **Approved and will be issued within ten days.**
_____ **Denied/suspended/revoked for violations cited above.**

Note: If violations are corrected prior to this date, schedule reinspection to cancel notice to vacate.

COMMENTS: _____

Inspector

Date

A certificate of occupancy does not waive the requirements of any applicable law or code.

As the property owner or authorized agent thereof, I have accompanied the representative of the City of Elkins during the inspection. I have been notified of a property owner's right of appeal regarding code violations and of the procedure therefore, I acknowledge that a \$10.00 fee will be assessed for each missed appointment and that failure to correct any cited deficiency within the prescribed time may result in a penalty of not less than \$25.00 nor more than \$100.00. Each day the violation exists beyond the correction deadline is a separate offense. Receipt of a copy of this report is hereby acknowledged.

Owner/Agent

Date

_____ Initial
_____ Renewal

**CITY OF ELKINS RENTAL REGISTRATION PROGRAM
CERTIFICATE OF USE AND OCCUPANCY APPLICATION**

UNIT INFORMATION

Street Address: _____ Unit No.: _____

Number of Units (Apartments) in the building: _____

This unit is located on the following story: _____

First Floor _____ Second Floor _____ Third Floor _____

Basement _____ Other (Specify) _____

OWNER INFORMATION

Name of Owner: _____

Mailing Address: _____

City & State: _____

Phone/Area Code: _____ Home # (____) _____ Work (____) _____ Cell (____) _____

Email: _____

TENANT INFORMATION

Number of Tenants: _____

Name of Tenants: _____

Phone/Area Code: _____ Home # (____) _____ Work (____) _____

Mail Certificate To: _____

I acknowledge that Elkins City Code requires that access be provided to all areas of any structure containing rental dwelling units. I agree to provide such access and to schedule inspection(s) on or before the expiration date of the current Certificate of Use and Occupancy.

Owner's Signature: _____ Today's Date: _____

- 1) Use a separate form for each unit (house or apartment).
- 2) Registration Fee is \$30.00 per unit.
- 3) A \$10.00 fee will be assessed for missed appointments.
- 4) Please make checks payable to:
City of Elkins, 401 Davis Avenue, Elkins, WV 26241

THIS SECTION FOR OFFICE USE ONLY

Fee submitted: _____ Received by: _____

Receipt # _____ Date Received: _____