Permit Number:_____

Vacant Structure Registry Inspection Form

Building Inspections
100 E Ave C
Killeen, TX 76541
Office (254) 501-7762
Fax (254) 501-6302

Date	Business Name	Address
Telephone	Use	Building Owner

PROTECTIVE TREATMENT	PASS	FAIL	NA
Maintained in good condition	___	___	___
Weather tight & weather coating	___	___	___
Stabilized & coated corrosive surfaces	___	___	___
Oxidation stains removed	___	___	___
PREMISES IDENTIFICATION			
Address plainly legible from street	___	___	___
Contrast with background	___	___	___
Arabic numerals min. 4 inches	___	___	___
Alphabetic letters min. stroke width 1/2 inch	___	___	___
STRUCTURE			
Maintained, no deterioration, supports loads	___	___	___
EXTERIOR WALLS			
Free from holes, breaks, loose or rotted materials	___	___	___
Weatherproof and surface coated	___	___	___
ROOF AND DRAINAGE			
Roof and flashing sound, tight, no defects	___	___	___
Roof drainage adequate- no dampness, deterioratio	___	___	___
Roof drains, gutters, downspouts maintained and free from obstructions	___	___	___
DECORATIVE FEATURES			
Maintained, repaired, proper anchorage	___	___	___
OVERHAND EXTENSIONS AND AWNINGS			
Maintained, repaired, achored	___	___	___

STAIRWAYS, DECKS, PORCHES, BALCONIES	PASS	FAIL	NA
Structurally sound and in good repair	___	___	___
Proper anchorage & capable of supporting loads	___	___	___
CHIMNEYS AND TOWERS			
All appurtenances are maintained structurally safe and sound, and in good repair	___	___	___
HANDRAILS AND GUARDS			
Firmly fastened, repaired & capable of supporting loads	___	___	___
WINDOWS, SKYLIGHT AND DOORS			
Sound conditions, good repair	___	___	___
Broken/missing features replaced and secured	___	___	___
All hardware maintained and in good condition	___	___	___
Locks at all doors, windows, access points	___	___	___

Note: Additional inspections are necessary for a Certificate of Occupancy

PASS ☐ FAIL ☐	**ORDER OF REPAIR ISSUED YES ☐ NO ☐**

Comments:

_____

_____

_____

_____

I have been informed of the above life safety items and will take steps to immediately correct these deficiencies.

_____
Owner, manager, or agent for owner/manager

Re-inspection Date: _____

Inspected by: _____ **Date Inspection Passed:** _____