



BUNCOMBE COUNTY PERMITS & INSPECTIONS

Request for Rental Inspection

Name of person making inspection request: _____
(First Name) (Middle Name) (Last Name)

Address to be inspected: _____
(Street Address) (City/State/Zip Code)

Contact information: _____
(Email) (Phone)

Best way and time to contact you: _____

Requestor's relationship to the property:

- Owner/Landlord/Agent thereof (must pay \$_____ fee)
- Tenant
- Other: _____

Comments: _____

Certification of person making request:

I, the undersigned, hereby certify that the information above is true and correct to the best of my knowledge. I further certify that I am authorized to allow others to enter the property described above for the purpose of inspection. By submitting this request, I agree to the terms and conditions contained on the following page, which are incorporated herein as if set forth in their entirety.

(Signature)

(Printed Name)

(Date)

Terms and Conditions

Request for Rental Inspection

By submitting a request to the Buncombe County Permits and Inspections Department for a residential rental inspection (hereinafter the "Inspection"), I hereby agree to the following terms and conditions:

1. Release and Hold Harmless: I expressly release and agree to hold harmless Buncombe County, its principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with the Inspection and/or non-performance of any such Inspection, including those allegedly attributed to the negligent acts or omissions of Buncombe County, including its Department of Permits and Inspections, and/or any, officers, agents, and/or employees thereof. This release shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina and that this release shall be governed by and interpreted in accordance with the laws of the State of North Carolina. If any portion of this release is held invalid, I agree that the remainder shall remain in full legal force and effect.
2. Indemnification: I agree to indemnify, hold harmless, and defend the County and any of its officers, agents and employees, from any claims of third parties arising out of any act or omission of me or any other party in connection with the performance of the Inspection or lack thereof.
3. Legal Proceedings: Claims, disputes and/or other matters arising from this request and/or the Inspection shall be heard in the North Carolina General Courts of Justice in Asheville, Buncombe County, North Carolina, which said Court shall have jurisdiction to hear any dispute. I hereby agree that this paragraph establishes exclusive and sole jurisdiction for any legal proceeding in Buncombe County, North Carolina. This Request and Inspection, and any claims, disputes, or other matter arising thereunder, shall be governed by the laws of the State of North Carolina.
4. Disclaimer: No warranties. Inspection only applies to areas and/or conditions that could be safely accessed and observed at the time of inspection, etc.

Inspection Report
(To be completed by Buncombe County Permits and Inspections)

Address: _____
(Address Inspected)

The undersigned official from the Buncombe County Department of Permits and Inspections inspected the premises described above and observed the following:

- Disrepair/lack of safe functionality of the following on the overall premises:
 - Electrical
 - Plumbing
 - Sanitary
 - Lack of operable heating facilities capable of heating living areas to 65 degrees Fahrenheit when it is 20 degrees Fahrenheit outside from November 1 through March 31
 - Ceilings or roofs
 - Broken windows and/or operable window locks on ground level
 - Air conditioning
 - Excessive standing water, sewage, or flooding problems caused by plumbing leaks or inadequate drainage that could potentially contribute to mosquito infestation or mold
 - Unsafe flooring or steps
 - Rodent infestation potentially from structural defects
 - Lack of operable locks
 - Ventilating
 - Unsafe chimneys or flues
 - Other facilities and appliances

Other: _____

Lack of operable smoke alarms (either battery-operated or electrical) installed in accordance with either the standards of the National Fire Protection Association or the minimum protection designated in the manufacturer's instructions:

Lack of at least one properly installed and operable carbon monoxide alarm per rental unit per level, either battery-operated or electrical:

The following condition(s) also noted:

Bedroom(s)

Bathroom(s)

- Lack of an operable bathtub or shower
- Lack of an operable toilet

Kitchen

- Lack of potable water

Living area

Comments:

Certification of Inspector:

I, the undersigned, certify that on _____, 20____, I conducted an inspection of the property first listed above. I further certify that the information above is true and correct to the best of my knowledge. My inspection was limited to areas and/or conditions that could be safely accessed and observed at the time of inspection. The absence of a condition in this report is not meant to be interpreted as the non-existence of any such condition. This inspection report was made at or near the time of my inspection, will be kept in the course of a regularly conducted business activity by the County consistent with its regular practice concerning such inspections. This report constitutes a public record setting forth activities of the County's Permits and Inspections Department.

(Signature)

(Printed Name)

(Date)