



OCCUPANCY INSPECTION

400 Gasper St. • P.O. Box 130 • San Luis, CO 81152
 Phone: (719) 672-9109 • Fax: (719) 672-3003

Date of Inspection: _____ Permit No: _____

Applicant: _____

Address of Inspection: _____

Telephone: _____

1. Individual Sewage Disposal System Permit #: _____
 Installation Complete: ___ Yes ___ No
2. Well Permit #: _____
3. Alternative Water System Type: _____
 Installation Complete: ___ Yes ___ No
4. Water & Sanitation District: _____
 Water Installation Complete: ___ Yes ___ No
 Sewer Installation Complete: ___ Yes ___ No
5. Electrical System Permit #: _____
 Installation Complete: ___ Yes ___ No
6. Plumbing System Permit #: _____
 Installation Complete: ___ Yes ___ No
 Cold Water: ___ Yes ___ No Hot Water: ___ Yes ___ No
7. Heating System Type: _____
 Installation Complete: ___ Yes ___ No
8. Front Steps Installed ___ Yes ___ No Rear Steps Installed: ___ Yes ___ No
9. Smoke & Carbon Monoxide Detectors installed: ___ Yes ___ No
10. Roadway & Driveway drainage meet Road Standards: ___ Yes ___ No
11. Meets setback requirements: ___ Yes ___ No
12. Manufactured Home meet State requirements installations: ___ Yes ___ No

Comments: _____

Disapproved: _____ Date: _____

Approved: _____ Date: _____