



## SECTION A | INSTRUCTIONS | CODE REFERENCE / CITY ZONING ORDINANCE (CZO)

- 1) Section C must be completed, signed, and sealed by a Commonwealth of Virginia Licensed Architect, Engineer, or other licensed design professional qualified to perform a structural-safety inspection.
- 2) Once all applicable structures have passed inspection, submit the signed, sealed report with the STR Zoning Permit application.
- 3) Structural-Safety Inspection Reports are valid for three years.

ITEM	CZO	REQUIREMENT
Structural Safety	CZO 241.2(17)	A structural safety inspection report shall be provided to the city every three (3) years indicating all exterior stairways, decks, porches, balconies, and railings for both wooden and concrete structures have been inspected by a licensed design professional, qualified to perform such inspection, and are safe for use. The report must indicate the maximum number of occupants, or maximum weight limit, permitted on each level of these structures and placards indicating the maximum number of occupants, or maximum weight limit, of all exterior stairways, decks, porches, and balconies must be posted on each level of these structures. Stairways, decks, porches, and balconies under 30 inches in height are not required to obtain a structural-safety inspection report.

## SECTION B | PROPERTY DETAILS

Short-Term Rental Street Address:

Unit/Apt. #:

Zip Code:

Property Owner's Name:

Property Owner's Mailing Address:

City:

State:

Zip Code:

Property Owner's Phone:

Property Owner's Email Address:



**SECTION C | INSPECTION CHECKLIST | INSPECTOR INFORMATION | SIGNATURES**

*Attach additional sheets if needed.*

Item (list each structure individually)	Pass	Fail	N/A	Reason for Failure and Corrective Measures	Maximum Occupant Load (# of Persons or weight limit)	Specific Location of Each Structure (Example: North, South, East, West side of building / 1 <sup>st</sup> Floor, 2 <sup>nd</sup> Floor, 3 <sup>rd</sup> Floor, etc.)
Decks						
Balconies						
Exterior Stairways						
Porches						



**INSPECTOR INFORMATION** *Refer to Section A for list of individuals authorized to perform this inspection.*

Name of Inspector:

Name of Company or Business:

Address of Company or Business:

City:

State:

Zip:

Phone:

Inspector Email Address:

Department of Professional and Occupational Regulation (DPOR) Professional Title:

DPOR License #:

Date of Inspection:

Date if Re-Inspection (if applicable):

**INSPECTOR SIGNATURE**

I certify that all applicable structures on the property identified in Section B of this report were inspected in accordance with the requirements of the corresponding code sections of the City of Virginia Beach Zoning Ordinance, which are noted and described in Section A of this report.

Signature of Inspector:

Date Signed:



**PROPERTY OWNER SIGNATURE**

Signature of Property Owner:

Date Signed: