

STRUCTURAL-SAFETY INSPECTION REPORT

SECTION A | INSTRUCTIONS | CODE REFERENCE

INSTRUCTIONS:

- 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 signed, sealed report with the STR Zoning Permit application. Structural-Safety Inspection Reports are valid for three years.

CODE REFERENCE / CITY ZONING ORDINANCE (CZO):				
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/Town:	Zip Code:				
Property Owner's Phone #:	Property Ow	y Owner's Email Address:				

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$\textbf{SECTION} \ \textbf{C} \ | \ \textbf{structural inspection checklist} \ | \ \textbf{inspector} \ \underline{\textbf{information}}$

INSPECTION CHECKLIST ATTACH ADDITIONAL SHEETS IF NEEDED

Item	Pass	Fail	N/A	Reason for Failure	Maximum	Specific Location of Each Structure
(list each	. 455		,,,	and	Occupant Load	(Example: North, South, East, West side
structure				Corrective Measures	(# of Persons or	of building / 1 st Floor, 2 nd Floor, 3 rd Floor,
individually)					weight limit)	etc.)
Decks					weight mine)	Ctc.j
Balconies						
Exterior Stairways						
Porches						

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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/Town:		Zip Code:				
Phone #:	il Address:						
Department of Professional and Occupation (DPOR) Professional Title:	DPOR License #:						
Date of Inspection:		Date of Re-Inspection (if applicable):					
INSPECTOR SIGNATURE							
I certify that all applicable structures on	the property id	dentified in Sectio	n B of this repo	rt were inspected in			
accordance with the requirements of the corresponding code sections of the City of Virginia Beach Zoning							
Ordinance, which are noted and describ	oed in Section A	of this report.					
Signature of Inspector:	Date Signed:		MANUFALTH OF THE				
Printed Name of Inspector:			Place Seal Here				
				Total and the state of the stat			
PROPERTY OWNER SIGNATURE							
Signature of Property Owner:		Date Signed:					
Printed Name of Property Owner:							

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