

# Residential Property Inspection Checklist

## Property Details

Address	<input type="text"/>
Inspection Date	<input type="text"/>
Inspector Name	<input type="text"/>
Owner / Resident	<input type="text"/>

## Exterior

Item	Condition	Comments
Roof	<input type="text"/>	<input type="text"/>
Gutters & Drainage	<input type="text"/>	<input type="text"/>
Walls & Paint	<input type="text"/>	<input type="text"/>
Windows & Doors	<input type="text"/>	<input type="text"/>
Driveway/Walkways	<input type="text"/>	<input type="text"/>
Fencing	<input type="text"/>	<input type="text"/>

## Interior

Item	Condition	Comments
Ceilings	<input type="text"/>	<input type="text"/>
Walls	<input type="text"/>	<input type="text"/>
Floors	<input type="text"/>	<input type="text"/>

Windows/Locks	<input type="text"/>	<input type="text"/>
Doors/Locks	<input type="text"/>	<input type="text"/>
Stairs/Railings	<input type="text"/>	<input type="text"/>

### Plumbing & Electrical

Item	Condition	Comments
Water Heater	<input type="text"/>	<input type="text"/>
Faucets & Pipes	<input type="text"/>	<input type="text"/>
Toilets	<input type="text"/>	<input type="text"/>
Electrical Outlets	<input type="text"/>	<input type="text"/>
Lighting Fixtures	<input type="text"/>	<input type="text"/>
Smoke Alarms	<input type="text"/>	<input type="text"/>

### Heating & Cooling

Item	Condition	Comments
HVAC System	<input type="text"/>	<input type="text"/>
Thermostat	<input type="text"/>	<input type="text"/>
Vents/Ducts	<input type="text"/>	<input type="text"/>

### Additional Notes

