

STRUCTURAL SAFETY REPORT

THIS REPORT MUST BE COMPLETED AND SUBMITTED WITH THE SHORT-TERM RENTAL PERMIT APPLICATION EVERY THREE YEARS

SECTION A | INSTRUCTIONS | CODE REFERENCE

INSTRUCTIONS:

The inspection checklist found in Section C of this report shall be completed, signed, and sealed, by the following person(s):

- Commonwealth of Virginia Licensed Architect or Engineer

Read Section A

Complete Sections B and C

Submit this Report Every Three Years

CODE REFERENCE / CITY ZONING ORDINACE (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. This report shall indicate that all exterior stairways, decks, porches and balconies are safe for use and have been inspected by a Commonwealth of Virginia licensed design professional (Architect or Engineer) qualified to perform such inspection. The report must indicate the maximum number of occupants permitted on each level of these structures and placards indicating the maximum number of occupants of all exterior stairways, decks, porches and balconies must be posted on each level of these structures. The Placard shall be installed in plain sight.

SECTION B | PROPERTY DETAILS

Date Submitted:		Number of Bedrooms in the Home:	
Short-Term Rental Address:			Unit/Apt. #:
Property Owner's Name:			
Property Owner's Address		City/Town	Zip Code
Property Owner's Phone #:		Property Owner's Email Address:	

SECTION C | INSPECTOR INFORMATION | STRUCTURAL INSPECTION CHECKLIST

Name of Inspector (refer to Section A for a list of those permitted to perform this inspection):		
Name of Company or Business:		
Address of Company or Business:		City/Town
		Zip Code:
Phone #:	Department of Professional and Occupational Regulation (DPOR) License #:	
DPOR Professional Title:		
Date of this Inspection:		Date of Reinspection:
INSPECTION CHECKLIST		

Item	Pass	Fail	N/A	Reason for Failure and Corrective Measures	Maximum Occupant Load (# of Persons)	Specific Location of the Structure (Example: Building wall facing north, South, East, West / Structure on the 1 st Floor, 2 nd Floor, 3 rd Floor, etc.)
All Decks						
All Porches						

Item	Pass	Fail	N/A	Reason for Failure and Corrective Measures	Maximum Occupant Load (# of Persons)	Specific Location of the Structure (Example: Building wall facing north, South, East, West / Structure on the 1 st Floor, 2 nd , Floor, 3 rd Floor, etc.)
All Balconies						
All Exterior Stairways						

INSPECTOR INFORMATION AND SIGNATURE

By signing below, you certify that the items found in Section C 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:

Printed Name of Inspector:



PROPERTY OWNER SWORN STATEMENT

I certify that I am the property owner of the Short-Term Rental address noted in Section B of this report. I also understand that it is my responsibility to ensure that all Federal, State, and City codes, policies, and laws are adhered to while conducting such business at the address listed in Section B of this report.

Signature of Property Owner:

Date Signed:

Printed Name of Property Owner: