



PLANNING AND DEVELOPMENT SERVICES

BOISE CITY HALL: 150 N. CAPITOL BLVD | MAIL: PO BOX 500, BOISE ID 83701-0500
CITYOFBOISE.ORG/PDS | P: 208-608-7100 | F: 208-384-3753 | TTY/TTD: 800-377-3529

PDS	Document Number
	#322

Renters Substandard Housing Inspection Request

Date: _____

Renter's Name: _____ Phone: _____

Renter's Address: _____ City: _____ State: _____ Zip: _____

Owner/Rental Agency Name: _____ Phone: _____

Inspection to determine compliance with Uniform Housing Code. This inspection covers the complete dwelling, including structural, fire, plumbing, mechanical systems, electrical and/or gas; for premise on which the same is located. Power and water must be on at time of inspection.

Description of compliance concerns: _____

Contact Information for Appointment:

Contact Name: _____ Contact Phone #: _____

Contact Relationship to Renter: _____

Address: _____ City: _____ State: _____ Zip: _____

Please provide a copy of the most recent rent receipt, cancelled check or other proof of payment.

Renter's Signature _____ Date

Note: The City of Boise prohibits discrimination of any persons on the basis of race, color, national origin, religion, sexual orientation and/or gender identity/expression, marital status, disabilities or age.

Upon request, this document is available in Spanish to citizens with limited English.

Nota: Este document puded ser solicitado y esta disponible en una forma accesible para personas con discapacidades y/o personas con competencia limitada en inglés a pedido.

***** For Official Use Only *****

Permit Number: _____

Technician Signature: _____ Date Received: _____

Inspections Required: BLD MEC ELE PLM FIR