



## Substandard Housing Inspection Checklist

This checklist is for homeowners who wish to legalize existing unpermitted Accessory Dwelling Units / Junior Accessory Dwelling Units (ADU) constructed prior to January 1, 2020.

The checklist is in compliance with AB 2533, which became effective January 1, 2025. It is intended to assist property owners in identifying whether any substandard conditions are present in the ADU.

This is a voluntary checklist. It can be completed and submitted with a building permit application together with the corresponding site plan and related construction drawings for any repairs or construction work needed for correcting substandard conditions.

The use of this checklist may help expedite the permitting process for homeowners because it allows a qualified third-party expert to assess the condition of the building, prior to receiving a building permit, instead of after the building permit is issued.

An early assessment of the building by a private third-party expert can lead to a faster timeframe for receiving the building permit from the County. It can also reduce or eliminate any unforeseen requirements for repairs that would otherwise be discovered during the County's inspection, after the permit is issued.

Revisions to the permit stemming from newly discovered substandard conditions after the permit has been issued can also delay the issuance of the Certificate of Occupancy for the ADU.

A qualified third-party expert can be a General Contractor (CSLB, Class B) or California-licensed Architect. This checklist must be completed by a professional contractor or architect hired by the homeowner, and who is familiar with the codes and standards applicable to ADU's. This form must also be signed by the homeowner.

In most cases the County Building Inspector will also verify these conditions after the building permit is issued.

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>A. Site/ADU Information</b>                                                                           | Date: _____ |
| APN: _____<br>Address: _____<br>Estimated ADU Construction Date: _____<br>Size/Area of ADU (sqft): _____ |             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B. Substandard Housing Checklist (HSC 17920.3)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p>The County of Ventura must ensure that substandard conditions are not present in an unpermitted ADU before a Certificate of Occupancy (C of O) can be issued for the ADU. This checklist describes those conditions deemed to be “substandard,” which are identified by California State Housing Law Section 17920.3.</p> <p>Before a C of O can be issued for the ADU, any substandard conditions that exist in the unit must be corrected by the property owner and inspected by the County building inspector, after the retroactive building permit has been issued.</p> |

| C. Smoke Alarms |                          |                          |                                                                                                                                                                                                        |
|-----------------|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                 | <i>Compliant</i>         | <i>Non-Compliant</i>     | <i>Description</i>                                                                                                                                                                                     |
| 1.              | <input type="checkbox"/> | <input type="checkbox"/> | Operational and installed in every sleeping room.                                                                                                                                                      |
| 2.              | <input type="checkbox"/> | <input type="checkbox"/> | Installed outside each separate sleeping area in the immediate vicinity (hallways).                                                                                                                    |
| 3.              | <input type="checkbox"/> | <input type="checkbox"/> | Installed on every level of the dwelling unit, including basements.                                                                                                                                    |
| 4.              | <input type="checkbox"/> | <input type="checkbox"/> | Installed not less than 3 feet horizontally from the door or opening of a bathroom that contains a bathtub or shower.                                                                                  |
| 5.              | <input type="checkbox"/> | <input type="checkbox"/> | Installed in the hallway and in the room open to the hallway in dwelling units where the ceiling height of a room open to a hallway serving bedrooms exceeds that of the hallway by 24 inches or more. |

| D. Carbon Monoxide Alarms |                          |                          |                                                                                                                                                                                                 |
|---------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                           | <i>Compliant</i>         | <i>Non-Compliant</i>     | <i>Description</i>                                                                                                                                                                              |
| 6.                        | <input type="checkbox"/> | <input type="checkbox"/> | Operational and installed outside each separate sleeping area in the immediate vicinity of bedrooms (hallways), on every occupiable level including basements, and in bedrooms with fireplaces. |
| 7.                        | <input type="checkbox"/> | <input type="checkbox"/> | If there is an attached garage with an opening into the dwelling unit, or a fuel-fired appliance or fireplace in the home, alarms should be installed at each level of the dwelling.            |

| <b>E. Emergency Escape and Rescue Openings – For Sleeping Rooms</b> |                          |                          |                                                                                                          |
|---------------------------------------------------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------|
|                                                                     | <i>Compliant</i>         | <i>Non-Compliant</i>     | <i>Description</i>                                                                                       |
| 8.                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | Emergency escape / rescue openings are provided in every sleeping room.                                  |
| 9.                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | The window must have a minimum clear opening width of 20 inches and a clear opening height of 24 inches. |

| <b>F. Sanitation</b> |                          |                          |                          |                                                                                                                                                                                             |
|----------------------|--------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                      | <i>Compliant</i>         | <i>Non-Compliant</i>     | <i>Not Confirmed</i>     | <i>Description</i>                                                                                                                                                                          |
| 10.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper water closet, lavatory, and bathtub or shower in a dwelling unit.                                                                                                                    |
| 11.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper kitchen sink                                                                                                                                                                         |
| 12.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot and cold running water to plumbing fixtures.                                                                                                                                            |
| 13.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate heating                                                                                                                                                                            |
| 14.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper operation of required ventilating equipment                                                                                                                                          |
| 15.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A minimum of 8% of natural light and 4% of ventilation is provided based on existing floor area of habitable room(s)                                                                        |
| 16.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Habitable room floor areas are not less than 70 square feet, and not less than 7 feet in any horizontal dimension, except kitchens.                                                         |
| 17.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Required electrical lighting is provided.                                                                                                                                                   |
| 18.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Habitable rooms have no signs of dampness.                                                                                                                                                  |
| 19.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Infestation of insects, vermin, or rodents is not present.                                                                                                                                  |
| 20.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Visible mold growth is not present, excluding the presence of mold that is minor and found on surfaces that can accumulate moisture as part of their properly functioning and intended use. |
| 21.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | General dilapidation or improper maintenance of the unit is not present.                                                                                                                    |
| 22.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Connection to required sewage disposal system is present                                                                                                                                    |
| 23.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper garbage and rubbish storage and removal facilities are present                                                                                                                       |

| <b>G. Structural Hazards – Include, but are not limited to, the following items</b> |                          |                          |                          |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                     | <i>Compliant</i>         | <i>Non-Compliant</i>     | <i>Not Confirmed</i>     | <i>Description</i>                                                                                                                                                           |
| 24.                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate foundations are provided. May require exposing an area of foundation to verify.                                                                                     |
| 25.                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate flooring or floor supports are provided.                                                                                                                            |
| 26.                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flooring or floor supports are of sufficient size to carry imposed loads with safety.                                                                                        |
| 27.                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There are no present members of walls, partitions, or other vertical supports that split, lean, list, or buckle due to defective material or deterioration.                  |
| 28.                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There are no apparent members of walls, partitions, or other vertical supports that are of insufficient size to carry imposed loads with safety.                             |
| 29.                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There are present members of ceilings, roofs, ceiling and roof supports, or other horizontal members which sag, split, or buckle due to defective material or deterioration. |
| 30.                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There are no apparent members of ceilings, roofs, ceiling and roof supports, or other horizontal members that are of insufficient size to carry imposed loads with safety.   |
| 31.                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There are no present fireplaces or chimneys which list, bulge, or settle due to defective material or deterioration.                                                         |
| 32.                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There are no apparent fireplaces or chimneys which are of insufficient size or strength to carry imposed loads with safety.                                                  |

| <b>H. Any Other Substandard Conditions</b> |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------|--------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                            | <i>Compliant</i>         | <i>Non-Compliant</i>     | <i>Not Confirmed</i>     | <i>Description</i>                                                                                                                                                                                                                                                                                                                                                                           |
| 33.                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All wiring, except that which conformed with all applicable laws in effect at the time of installation if it is currently in good and safe condition and working properly.                                                                                                                                                                                                                   |
| 34.                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All plumbing, except plumbing that conformed with all applicable laws in effect at the time of installation and has been maintained in good condition, or that may not have conformed with all applicable laws in effect at the time of installation but is currently in good and safe condition and working properly, and that is free of cross connections and siphonage between fixtures. |
| 35.                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All materials of construction, except those that are specifically allowed or approved by this code, and that have been adequately maintained in good and safe condition.                                                                                                                                                                                                                     |

## H. Any Other Substandard Conditions *(continued)*

|     |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----|--------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 36. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All mechanical equipment, including vents, except equipment that conformed with all applicable laws in effect at the time of installation and that has been maintained in good and safe condition, or that may not have conformed with all applicable laws in effect at the time of installation but is currently in good and safe condition and working properly.                                                                                                                                                                                |
| 37. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There is no faulty weather protection present which may include:<br>(1) deteriorated, crumbling or loose plaster<br>(2) deteriorated or ineffective waterproofing of exterior walls, roofs, foundations or floors, including broken windows or doors<br>(3) defective or lack of weather protection for exterior wall coverings, including lack of paint, or weathering due to lack of paint or other approved protective covering<br>(4) broken, rotted, split, or buckled exterior wall coverings or roof coverings.                            |
| 38. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Any building or portion thereof, device, apparatus, equipment, combustible waste, or vegetation that, in the opinion of the county building inspector or third-party inspector, is in such a condition<br>as to cause a fire or explosion or provide a ready fuel to augment the spread and intensity of fire or explosion arising from any cause.                                                                                                                                                                                                |
| 39. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All materials of construction, except those that are specifically allowed or approved by this code, and that have been adequately maintained in good and safe condition.                                                                                                                                                                                                                                                                                                                                                                          |
| 40. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There is no accumulation of weeds, vegetation, junk, dead organic matter, debris, garbage, offal, rodent harborage, stagnant water, combustible materials, and similar materials or conditions constitute fire, health, or safety hazards.                                                                                                                                                                                                                                                                                                        |
| 41. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Any building, or portion thereof, that is determined to be an unsafe building due to inadequate maintenance, in accordance with the latest edition of the California Building Code.                                                                                                                                                                                                                                                                                                                                                               |
| 42. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All buildings, or portions thereof, not provided with adequate exit facilities as required by this code, except those buildings or portions thereof whose exit facilities conformed with all applicable laws at the time of their construction and that have been adequately maintained and increased in relation to any increase in occupant load, alteration or addition, or any change in occupancy. <i>When an unsafe condition exists through lack of, or improper location of, exits, additional exits may be required to be installed.</i> |

**H. Any Other Substandard Conditions** *(continued)*

|     |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----|--------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 43. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All buildings, or portions thereof, that are not provided with the fire-resistive construction or fire-extinguishing systems or equipment required by this code, except those buildings or portions thereof that conformed with all applicable laws at the time of their construction and whose fire-resistive integrity and fire-extinguishing systems or equipment have been adequately maintained and improved in relation to any increase in occupant load, alteration or addition, or any change in occupancy. |
| 44. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Possible inadequate structural resistance to horizontal forces.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

**I. Additional Substandard Conditions** – *identified by the County Building Inspector.*

|     |  |
|-----|--|
| 44. |  |
| 45. |  |
| 46. |  |
|     |  |

**J. Acknowledgment** – *Your signature below indicates acknowledgment of the following.*

- Accurate completion of this checklist is required to determine if any immediate substandard housing conditions exist in the structure that need to be corrected.
- Completion of the checklist does not confer legality on the structure.
- Any substandard or non-compliant items identified by the substandard checklist shall be addressed in the submitted plans for correction and will be verified during building inspections.

**OWNER**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**LICENSED CONTRACTOR / ARCHITECT**

License #: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**COUNTY BUILDING INSPECTOR**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_