

BOROUGH OF SPRING CITY

INSPECTION FORM FOR HOUSING TRANSFER

TO BE COMPLETED BY APPLICANT: PLEASE PRINT CLEARLY

Property Owner: _____	Agent: _____
Property Address: _____	Address: _____
Phone No.: _____	Phone No.: _____

TYPE:

Single Family: _____ Multi-Family (No. of Units): _____
 Two Family: _____ Rooming House (No. of Rooms) _____

CONSTRUCTION:

No. of Stories Above Grade: _____
 No. of Stories Below Grade: _____

MUST BE COMPLETED AND SIGNED BY APPLICANT (WILL BE VERIFIED BY INSPECTION BY BOROUGH CODE OFFICIAL). INSPECTION TO CHECK FOR MINIMUM STANDARDS AND OPERABILITY ONLY!

BASIC FACILITIES

	<u>YES</u>	<u>NO</u>
1. Kitchen Facilities		
Sink	—	—
Stove	—	—
Refrigerator	—	—
Cabinet or Shelves	—	—
2. Room affording privacy with properly operating:		
Toilet	—	—
Lavatory Sink	—	—
Bathtub or Shower	—	—
3. Water heater pressure relief valve extension tube must be within 6 inches from floor.	—	—
4. Heating System	—	—
5. Central Air	—	—
6. Safe unobstructed means of exit leading directly to ground level.	—	—
7. Structurally sound handrails, ballisters, stairways, decks and porches.	—	—
8. House number clearly displayed.	—	—

ELECTRIC SERVICE

	<u>YES</u>	<u>NO</u>
1. Minimum of (2) wall outlets in each habitable room.	—	—
2. One (1) GFCI outlet in each Bath/Powder Room.	—	—
3. All outside receptacles and receptacles adjacent to water sources must be GFCI protected.	—	—
4. Smoke Detectors one each floor in each bedroom immediate vicinity of bedrooms	—	—
5. Electrical Service capacity (amps) _____	—	—

PROPERTY MAINTENANCE

1. Every public walkway, driveway entrance and curb free of cracks, breaks and tripping hazards and in good repair.	—	—
2. Every foundation, roof, exterior wall, door, skylight and windows in good repair.	—	—
3. Every interior wall, ceiling inside and outside porches, stairs and appurtenances are safe and in good repair.	—	—
4. Sump Pump.	—	—

Inspection Date by Applicant: _____

Inspection Date by Code Official: _____

Applicant's Signature _____

Inspector's Signature _____

Applicant's Name Printed _____

Inspector's Name Printed _____

BOROUGH OF SPRING CITY
BUILDING CODE AND ZONING ENFORCEMENT
6 South Church Street
Spring City, Pa. 19475
(610)948-3456 – Fax (610)948-5808

James Mohn
Code Enforcement Officer

Application for a Certificate of Occupancy
Residential Transfer of Property

Owner's Name: _____ Owner's Telephone No. :() _____

Owner's Mailing Address: _____

Agent Name and Address: _____

Agent's Telephone No.() _____ Agent's Fax No.() _____

Property Information:

Address: _____

Check One: Single Family Detached Dwelling _____ Single Family Semi-detached Dwelling _____
Apartment Building _____ Number of Dwelling Units _____

Prospective Buyer's Name: _____

Prospective Buyer's Address: _____

Anticipated Date of Settlement: _____

Date Requested for Code Inspection: _____ Time: _____

Signature

Name Printed

State if Owner or Agent