

# BOROUGH OF SPRING CITY

## PROPERTY TRANSFER INSPECTION FORM

**TO BE COMPLETED BY APPLICANT: PLEASE PRINT CLEARLY**

**Note: Inspection Fee \$100.00 per dwelling (this includes initial inspection and one reinspection)**

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!**

<b><u>BASIC FACILITIES</u></b>	<b><u>YES</u></b>	<b><u>NO</u></b>	<b><u>ELECTRIC SERVICE</u></b>	<b><u>YES</u></b>	<b><u>NO</u></b>
1. Kitchen Facilities			1. Minimum of (2) wall outlets in each habitable room.		
Sink	___	___		___	___
Stove	___	___		___	___
Refrigerator	___	___	2. One (1) GFCI outlet required in each Bath/Powder Room.	___	___
Cabinet or Shelves	___	___		___	___
2. Room affording privacy with properly operating:			3. All outside receptacles and receptacles adjacent to water sources must be GFCI protected.		
Toilet	___	___		___	___
Lavatory Sink	___	___	4. Smoke Detectors required one each floor in each bedroom immediate vicinity of bedrooms	___	___
Bathtub or Shower	___	___		___	___
3. Water heater pressure relief valve extension tube must be within 6 inches from floor.	___	___	5. Electrical Service capacity (amps) _____	___	___
4. Heating System	___	___	<b><u>PROPERTY MAINTENANCE</u></b>		
5. Central Air	___	___	1. Every public walkway, driveway entrance and curb free of cracks, breaks and tripping hazards and in good repair.	___	___
6. Safe unobstructed means of exit leading directly to ground level.	___	___	2. Every foundation, roof, exterior wall, door, skylight and windows in good repair.	___	___
7. Structurally sound handrails, ballisters, stairways, decks and porches.	___	___	3. Every interior wall, ceiling inside and outside porches, stairs and appurtenances are safe and in good repair.	___	___
8. House number clearly displayed.	___	___	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