

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): _____

CONSTRUCTION:
No. of Stories Above Grade: _____

Two Family: _____ Rooming House (No. of Rooms) _____

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

YES **NO**

- | | | |
|--|-----|-----|
| 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

YES **NO**

- | | | |
|--|-----|-----|
| 1. Minimum of (2) wall outlets in each habitable room. | ___ | ___ |
| 2. One (1) GFCI outlet required in each Bath/Powder Room. | ___ | ___ |
| 3. All outside receptacles and receptacles adjacent to water sources must be GFCI protected. | ___ | ___ |
| 4. Smoke Detectors required 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

**Application for a Certificate of Occupancy
Residential Property Transfer**

Owner's Name: _____ Telephone: () _____

Agent Name and Address: _____

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

Property Information:

Address: _____

Check One: Single Residence _____ Semi-detached _____ Rental _____ 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

Application must be filed thirty (30) days prior to the settlement date.