

# BOROUGH OF SPRING CITY

## INSPECTION FORM FOR RENTAL UNIT(S)

**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!**

<u>BASIC FACILITIES</u>	<u>YES</u>	<u>NO</u>	<u>ELECTRIC SERVICE</u>	<u>YES</u>	<u>NO</u>
1. Kitchen Facilities			1. Minimum of (2) wall outlets in each habitable room.		
Sink	---	---		---	---
Stove	---	---		---	---
Refrigerator	---	---	2. All outside receptacles and receptacles adjacent to water sources must be GFCI protected.	---	---
Cabinet or Shelves	---	---		---	---
2. Room affording privacy with properly operating:			3. Smoke Detectors one each floor.		
Toilet	---	---	in each bedroom and in immediate vicinity of bedrooms	---	---
Lavatory Sink	---	---		---	---
Bathtub or Shower	---	---	4. Electrical Service capacity (amps) _____	---	---
3. Water heater pressure relief valve extension tube must be within 6 inches from floor.	---	---		---	---
4. Heating System	---	---	<u>PROPERTY MAINTENANCE</u>		
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 \_\_\_\_\_