

# Downe Township - Housing Office

## INSPECTION REPORT

Property Address \_\_\_\_\_  
Owner's Name \_\_\_\_\_  
Block \_\_\_\_\_ Lot \_\_\_\_\_  
Building Type: Single [ ] Two [ ] Multi [ ]  
Apt. No. \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_ No. of Occupants \_\_\_\_\_  
Occupant's Name \_\_\_\_\_

**GENERAL APPEARANCE:** Good [ ] Fair [ ] Poor [ ]

**INSPECTION** [ ]  
**DATE** \_\_\_\_\_

**REINSPECTION** [ ]  
**DATE** \_\_\_\_\_

### PRESENT IN PLACE

- |                   |   |
|-------------------|---|
| 1. YES [ ] NO [ ] | Smoke Detectors: Operating – YES [ ] NO [ ] |
| 2. YES [ ] NO [ ] | Handrail _____                              |
| 3. YES [ ] NO [ ] | Relief Valve (Hot Water) _____              |
| 4. YES [ ] NO [ ] | Appliance vented properly _____             |
| 5. YES [ ] NO [ ] | Emergency exit - 3rd floor sleeping _____   |

### IN PROPER CONDITION

- |                    |                                  |
|--------------------|----------------------------------|
| 6. YES [ ] NO [ ]  | Windows _____                    |
| 7. YES [ ] NO [ ]  | Heating System _____             |
| 8. YES [ ] NO [ ]  | Plumbing _____                   |
| 9. YES [ ] NO [ ]  | Electric _____                   |
| 10. YES [ ] NO [ ] | Water Pressure _____             |
| 11. YES [ ] NO [ ] | Screens _____                    |
| 12. YES [ ] NO [ ] | Ceilings, walls and floors _____ |
| 13. YES [ ] NO [ ] | Doors – Exterior/Interior _____  |
| 14. YES [ ] NO [ ] | Roof Condition _____             |

### PROPERTY CONDITION

- |                    |  |
|--------------------|--|
| 15. YES [ ] NO [ ] | Needs Paint - Interior _____           |
| 16. YES [ ] NO [ ] | Needs Extermination _____              |
| 17. YES [ ] NO [ ] | General Clean-Up Inside/Exterior _____ |
| 18. YES [ ] NO [ ] | Garbage Container _____                |
| 19. YES [ ] NO [ ] | House Number _____                     |
| 20. YES [ ] NO [ ] | Needs Paint - Exterior _____           |

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_ No access YES [ ]  
\_\_\_\_\_ Access Refused YES [ ]  
\_\_\_\_\_ Unit Passed YES [ ]  
\_\_\_\_\_ Unit Failed YES [ ]  
\_\_\_\_\_ Placed Posted YES [ ]

YOUR CONTINUED OCCUPANCY IS GRANTED [ ] DENIED [ ]  
ALL REPAIRS ARE TO BE COMPLETED BY \_\_\_\_\_ AND WITH REQUIRED PERMITS.

**FAILURE TO DO SO WILL RESULT IN A COURT APPEARANCE.**

OWNER MUST CALL (856) 447-3100 WHEN REPAIRS ARE COMPLETE FOR REINSPECTION.

**DATE:** \_\_\_\_\_ **INSPECTOR:** \_\_\_\_\_