

File # _____

Township or Riverside

Report of Property Maintenance Inspection & Request for Certificate of Compliance

Location _____

Settlement Date _____

Block _____ Lot _____

Contact Person _____

Phone _____

Facsimile _____

Living Room Conditions

	S	U	R
Stairs/ Railing			
Walls / Ceiling			
Windows			
Storm Windows			
3 Prong Outlets			

Bathrooms Conditions

	S	U	R
Floor Finish			
Walls/Ceiling			
Tub/ Tile/ Grout			
Toilet			
Medicine Cabinet			
Vanity/ Accessories			

Dining Room S U R

	S	U	R
Floor Finishes			
Walls/Ceilings			

General Items S U R

	S	U	R
Smoke Detectors			
Washer/Dryer Area			
Heater Room Door			
Entry Door Viewer			
Entry Deadbolt			
Entrance Light			

Hallways S U R

	S	U	R
Doors			
Light Fixtures			

Exterior S U R

	S	U	R
Dangling Wires			
911 Address			
Gutters/Splash Blocks			
Railings			
Obstructions/Hazards			
Fencing			
Finish Grade			
Electric Service			
Sidewalks			

Kitchen S U R

	S	U	R
Fire Extinguisher			
Counter Tops			
Oven/Stove (anti tip)			
Hood/Filter/Fan			
Floor Finish			
Sink/Faucet/Disposal			
Light Fixt. GFI			

Not Noted: S U R

	S	U	R

Bedrooms S U R

	S	U	R
Walls/ceiling			
Floor Finish			
Smoke Detectors			

Pass / Fail

Date:

Inspector:

Pass / Fail

Inspector