

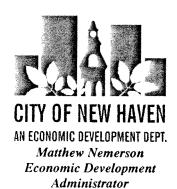
Serena Neal-Sanjurjo **Executive Director** 

### CITY OF NEW HAVEN

Toni N. Harp, Mayor

#### LIVABLE CITY INITIATIVE

165 Church Street, 3rd Floor New Haven, CT 06510 Phone: (203) 946-7090 Fax: (203) 946-4899



# **Inspection Form**

Date:	Address:	·				Unit #:		
Owner's Name:								
Area		Pass/Fail	Responsible Party: Owner	Responsible Party: Tenant		Comments		
Exterior & Public Areas								
Yard (Trash, debris, junk vehicles)								
Porch (safe)					Š.			
Stairs/Lighting								
Rear Exits/Fire Escapes (free of obstruction)								
Vermin/ Rodent Infestation								
Hallways								
Stairs (free of obstruction, railing)								
Lighting/Windows								
Doors (operating)						10		
Smoke Detector/CO Detectors/ ER Lights					_	(0)		
Floors (sound condition)					1			
Basement/Cellar								
Lighting				7.0	$\Box \cup J$			
Heating Systems/Water Heater (functioning)								
Smoke Detector		IC						
Electrical (free of hazardous violations)			1/0.1					
Plumbing (operational)								
Dwelling Unit						***************************************		
Doors/Windows (functional)								
Floors/Walls/Ceilings (sound condition)								
Painted surfaces (free of chipping & peeling								



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(Tenant/Rep)

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N ECONOMIC DEVELOPMENT DEP Matthew Nemerson Economic Development Administrator

Smoke Detectors/C O Detectors				
Electrical/Lighting (free of hazardous				10
violations)				
Egress (free of obstruction)				
Vermin/ Rodent Infestation				N 0
<u>Kitchen</u>				
Plumbing/Sink (operational)			70	
<u>Bathroom</u>		-		
Wash Basin/Shower or Tub (operational)	1 C	201	الشنيا	
Toilet (operational)				
Doors/Vents or Windows (operational)				
<u>Bedroom</u>				1
70 sqft (single)/50 sqft add				
Doors/Windows (functional)				
Plumbing/Sink (operational)  Bathroom  Wash Basin/Shower or Tub (operational)  Toilet (operational)  Doors/Vents or Windows (operational)  Bedroom  70 sqft (single)/50 sqft add				

Certification of Inspection: By my signature, I certify that I have personally inspected this property.

Inspector Signature/Date Owner/Representative Signature Tenant/Rep Signature

Inspector's Phone Number Print Name Print Name