

DELANCO TOWNSHIP

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Uniform Inspection Report

File Number 2022-_____

Block _____ Lot _____

Address _____

Date of Inspection _____

Applicant/Agent _____

Time of Inspection _____

Reinspection _____

Reinspection _____

A: Foyer

1. () Floor Covering
2. () Cracks or Holes _____ Wall _____ Ceiling
3. () Electrical _____ Wiring _____ Fixture _____ Receptacle
4. () Entrance Locks Can Not Be Keyed On Inside: Front _____ Rear _____ Side _____

B: Living Room

1. () Windows
2. () Floor Covering
3. () Cracks or Holes _____ Wall _____ Ceiling
4. () Electrical _____ Wiring _____ Fixture _____ Receptacle

C: Dining Room

1. () Windows
2. () Floor Covering
3. () Cracks or Holes _____ Wall _____ Ceiling
4. () Electrical _____ Wiring _____ Fixture _____ Receptacle

D: Family Room

1. () Windows
2. () Floor Covering
3. () Cracks or Holes _____ Wall _____ Ceiling
4. () Electrical _____ Wiring _____ Fixture _____ Receptacle

E: Kitchen Garbage Disposal () Yes () No

1. () Floor Covering
2. () Counter Top
3. () Cracks or Holes _____Wall _____Ceiling
4. () Windows
5. () Electrical _____Wiring _____Fixture _____Receptacle
6. () Plumbing _____ Sink _____ Dishwasher
7. () Exhaust
8. () Stove Anti Tip

F: Bedroom	Total # _____	Master	Second	Third	Fourth
1. ()	Windows	()	()	()	()
2. ()	Door	()	()	()	()
3. ()	Floor Covering	()	()	()	()
4. ()	Cracks or Holes _____Wall _____Ceiling	()	()	()	()
5. ()	Insufficient Electrical Outlets	()	()	()	()
6. ()	Electrical _____Wiring _____Fixture _____ Receptacle ()	()	()	()	()

G: Bathroom	Full _____Half _____	Master	Second	Third	Fourth
1. ()	Tile	()	()	()	()
2. ()	Floor Covering	()	()	()	()
3. ()	Plumbing _____Sink _____Tub _____Toilet	()	()	()	()
4. ()	Cracks or Holes _____Wall _____Ceiling	()	()	()	()
5. ()	Electrical _____Wiring _____Fixture _____ Rec. ()	()	()	()	()
6. ()	Ventilation Fan	()	()	()	()

H: Stairway	To Second	To Third	To Basement
1. ()	Handrail/Guard	()	()
2. ()	Stairs	()	()
3. ()	Cracks or Holes _____Wall _____Ceiling	()	()

I: Hallway	First	Second
1. ()	Floor Covering	()
2. ()	Cracks or Holes _____Wall _____Ceiling	()
3. ()	Electrical _____Wiring _____Fixture _____ Receptacle	()

- J: Utility Room**
1. () Floor Covering
 2. () Cracks or Holes _____ Wall _____ Ceiling
 3. () Electrical _____ Wiring _____ Fixture _____ Receptacle

File Number: 2022-_____

K: Basement

L: Attic

M: General Exterior Conditions	Front	Right	Left	Rear
1. () Roof	()	()	()	()
2. () Gutters / Downspouts	()	()	()	()
3. () Exterior Paint	()	()	()	()
4. () Windows	()	()	()	()
5. () Electrical	()	()	()	()
6. () Foundation	()	()	()	()
7. () Siding Vinyl_____ Aluminum_____ Masonry_____ Asbestos_____				
8. () Fence, Gate	()	()	()	()
9. () Lawn, Hedges, Bushes, Landscaping ()	()	()	()	()
10. () Rubbish, Debris	()	()	()	()
11. () Chimney Cap	()	()	()	()
12. ()	()	()	()	()

N: Front Outside

1. () Numerical Street Number(s)
2. () Driveway _____Cracks _____Holes
3. () Front Light

O: Other:

1. () Certifications ()Heating ()Electrical () Plumbing

Remarks: ALL VIOLATIONS MUST BE CORRECTED WITHIN 90 DAYS

(X) = violation

TO SCHEDULE A REINSPECTION CALL 856-820-5620