

Borough of St. Clair

Residential Rental Property Inspection Form

To Be Completed By Applicant:

Note: Inspection Fee of \$30.00 (each unit) and a \$10.00 initial registration fee, subsequent registration (change of tenant or annually) of \$5.00 must be paid at time of application.

Owner/Agent: _____ Occupant: _____

Address: _____ Address of Unit(s): _____

Phone No: _____ Phone No: _____

Date of Occupancy: _____

MUST BE FILLED OUT BY APPLICANT (WILL BE VERIFIED DURING INSPECTION BY THE BOROUGH CODE OFFICIAL).

<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 and (1) light in each habitable room (all kitchen countertop, bathroom and at-grade receptacles must be GFCI protected.		
Sink	___	___			
Stove	___	___	2.Smoke Detectors (one in every sleeping area and min. one on every level, including basement)		
Refrigerator	___	___			
Cabinets	___	___	3.Electrical Service capacity (amps)		
2.Room affording privacy with properly operating...			<u>SAFE SANITARY</u>	<u>YES</u>	<u>NO</u>
Toilet	___	___	<u>MAINTENANCE</u>		
Lavatory sink	___	___	1.Every public walkway, driveway entrance and curb is free of cracks, breaks, and tripping hazards and in good repair.		
Bathtub or Shower	___	___	2.Every foundation, roof, exterior wall, door, skylight and window in good repair		
3.Hot and Cold Water supply to kitchen and bathroom			3.Every interior wall, ceiling, stairs, and appurtenances are safe and in good repair.		
4.heating System			4.Sump Pump		
Type _____					
5.Central Air					
6.Safe unobstructed means to exit leading directly to ground level					
7.Structurally sound handrails balusters, stairways, decks and porches					
8.House number clearly displayed					
9. Minimum one (1) CO detector					

Date Applicant Inspected: _____

Date Codes Official Inspected: _____

Applicant's Signature _____

Inspector's Signature _____

Applicant's Name Printed _____

Inspector's Name Printed _____

Borough of St. Clair

16 South Third Street
St. Clair, Pennsylvania 17970

Phone: 570-429-0640

Fax: 570-429-2829

Rental Registration

Owner(s) of Record: _____

Owner's address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Tenant(s) of Record: _____

Tenant's Phone: _____ Registration Fee: _____ Inspection Fee: _____
(Amount Paid) (Amount Paid)

Rental address: _____ St. Clair, PA 17970

Number of Bedrooms: _____ Total Occupant Load: _____

This property has been registered by the Code Enforcement Officer and is subject to the provisions of Ordinance No. 392 of the Borough of St. Clair.

This the _____ day of _____, 200____. License No. _____

Valid thru the **31st** day of **January**, 20____

Issuing officer: _____
Signature

Print