

CAMBRIA - SOMERSET  
 COUNCIL OF GOVERNMENTS  
 REGIONAL CODE AGENCY  
 1716 FOREST HILLS DR. WINDBER, PA 15963  
 PHONE: (814) 266-3070 FAX: (814) 266-5604

## RENTAL INSPECTION FORM

Applicant's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Inspection \_\_\_\_\_ Signature of Inspector \_\_\_\_\_

Housing Type: SF \_\_\_\_\_ Duplex \_\_\_\_\_ Mfg Home \_\_\_\_\_ Other \_\_\_\_\_

Number of Stories: 1 Story \_\_\_\_\_ 1 1/2 Story \_\_\_\_\_ 2 Story \_\_\_\_\_ Other \_\_\_\_\_

Approximate Structure Dimensions Width \_\_\_\_\_ Length \_\_\_\_\_ Approximate Year Built \_\_\_\_\_

**NOTE:** Inspection reports will not be accepted without the signature of the inspector. Check the appropriate boxes in the left columns. At least one should be checked for each item. Indicate the existing conditions in the space provided.

NONE/NA	INSTALL	REPLACE REPAIR	OK	DESCRIBE EXISTING CONDITIONS
				Smoke Detectors Location _____ Hardwired Yes _____ No _____
				CO Detector (only required if there is an attached garage or combustible furnace/appliance) Location _____

**INTERIOR BASEMENT** FULL \_\_\_\_\_ PARTIAL \_\_\_\_\_ CRAWL SPACE \_\_\_\_\_ NONE \_\_\_\_\_

NONE/NA	INSTALL	REPLACE REPAIR	OK	DESCRIBE EXISTING CONDITIONS
				Floor Concrete _____ Dirt _____ Other _____
				Foundation Stone/Rock _____ Concrete _____ Block _____ Brick _____
				Plinth Blocks/Beams/Posts Wood _____ Steel _____ Other _____
				Floor Joists Sizing _____ Spacing _____ Span _____
				Rim Joist Insulation _____
				Basement Windows and Frames # of Units _____ Type _____
				Electrical Light _____ Switch _____ Receptacle # _____
				Deteriorated Paint Yes _____ No _____
Comments: _____				

**BASEMENT STAIRS**

NONE/NA	INSTALL	REPLACE REPAIR	OK	DESCRIBE EXISTING CONDITIONS
				Treads and Risers _____
				Handrails _____
				Light _____
				Deteriorated Paint Yes _____ No _____
Comments: _____				

NONE/NA	INSTALL	REPLACE/REPAIR	OK	DESCRIBE EXISTING CONDITIONS
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**ELECTRICAL**

				Service Panel	Fuse Type _____	Circuit Breaker _____	
				# Amps	30 _____	60 _____	100 _____ 200 _____
				Type of Wiring			

**PLUMBING**

				Water Service	City _____	Private Well _____	
				Sewer Service	City _____	Septic _____	
				Gas Service	Natural Gas _____	Propane _____	
				Water Pipe	Type of Piping _____	Shutoff Valves	
				Waste Pipe	Type of Piping _____	Closet Bend (Stool)	Kitchen Bath (sink/tub)
				Clean-Out Plugs			
				Main Stack	Yes _____ No _____	Kitchen Yes _____ No _____	Bath Yes _____ No _____
				Floor Drain	Yes _____ No _____	Clean-Out Plug	Yes _____ No _____
				Water Heater	Gas _____	Electric _____	
					T & P Valve _____	Overflow Pipe _____	Shut Off Valve _____
				Water Heater Vent Hood and Pipe			
				Vent Stack			

**LAUNDRY FACILITY** Location \_\_\_\_\_

				Laundry Tub	Trap	Vent	Waste Pipe
				Water Pipe	Faucets		
				Electrical	Light	Switch	Receptacles #
				Deteriorated Paint	Yes _____	No _____	
Comments:							

**HEATING SYSTEM** Location \_\_\_\_\_ Approximate age of system \_\_\_\_\_

				Type of Unit	Gas Forced Air _____	Boiler _____	Wood _____
					Oil Forced Air _____	Electric _____	
				Flue Vent Pipe and Connection		Draft Hood	
				Main Trunk and Branch Duct Pipe/Radiators, etc.			

# HOME Form 3

NONE/NA	INSTALL	REPLACE/ REPAIR	OK	DESCRIBE EXISTING CONDITIONS
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## ENTRIES

## MAIN

## REAR/SIDE

				Floor					Floor
				Walls					Walls
				Ceiling					Ceiling
				Doors-Primary Deadbolt Lock: Yes __ No __					Doors - Primary Deadbolt Lock: Yes __ No __
				Doors - Storm					Doors - Storm
				Windows and Frames Primary # Glazing Type ____ Window Style ____ Operable Yes ____ No ____					Windows and Frames Primary # Glazing Type ____ Window Style ____ Operable Yes ____ No ____
				Windows and Frames Storm # Wood ____ Alum ____ Vinyl ____					Windows and Frames Storm # Wood ____ Alum ____ Vinyl ____
				Electrical Light Switch Receptacle #					Electrical Light Switch Receptacle #
				Deteriorated Paint Yes _____ No _____					Deteriorated Paint Yes _____ No _____
Comments:									

## KITCHEN

				Floor					Floor
				Walls					Walls
				Ceiling					Ceiling
				Doors - Primary					Doors - Primary
				Doors - Storm					Doors - Storm
				Windows and Frames Primary # ____ Glazing Type ____ Window Style ____ Wood ____ Alum ____ Vinyl ____					Windows and Frames Primary # ____ Glazing Type ____ Window Style ____ Wood ____ Alum ____ Vinyl ____
				Windows and Frames Storm # ____ Wood ____ Alum ____ Vinyl ____					Windows and Frames Storm # ____ Wood ____ Alum ____ Vinyl ____
				Electrical GFI: Yes ____ No ____ Light Switch Receptacle #					Electrical GFI: Yes ____ No ____ Light Switch Receptacle #
				Countertops					Countertops
				Cabinets					Cabinets
				Exhaust Hood Above Range: Yes ____ No ____ Ducted: Yes ____ No ____					Exhaust Hood Above Range: Yes ____ No ____ Ducted: Yes ____ No ____
				Deteriorated Paint Yes _____ No _____					Deteriorated Paint Yes _____ No _____
Comments:									





# HOME Form 3

NONE/NA	INSTALL	REPLACE/ REPAIR	OK	DESCRIBE EXISTING CONDITIONS
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**BATHROOM #1** Location \_\_\_\_\_

**BATHROOM #2** Location \_\_\_\_\_

				Floor					Floor
				Walls					Walls
				Ceiling					Ceiling
				Interior Doors					Interior Doors
				Windows and Frames      Primary # Glazing Type _____ Window Style _____ Operable Yes _____ No _____					Windows and Frames      Primary # Glazing Type _____ Window Style _____ Operable Yes _____ No _____
				Windows and Frames      Storm # Wood _____ Alum _____ Vinyl _____					Windows and Frames      Storm # Wood _____ Alum _____ Vinyl _____
				Deteriorated Paint Yes _____ No _____					
Comments:									

**BATHROOM #1 ELECTRICAL**

**BATHROOM #2 ELECTRICAL**

				Light    Switch    Vent Fan: Yes ___ No ___					Light    Switch    Vent Fan: Yes ___ No ___
				Receptacles    GFI: Yes _____ No _____					Receptacles    GFI: Yes _____ No _____

**BATHROOM #1 PLUMBING**

**BATHROOM #2 PLUMBING**

				Sink - Fixture					Sink - Fixture
				Sink - Vanity      Width _____					Sink - Vanity      Width _____
				Sink - Faucet					Sink - Faucet
				Sink - Trap/Drain					Sink - Trap/Drain
				Sink - Vent					Sink - Vent
				Sink - Shut Off Valves					Sink - Shut Off Valves
				Tub/Shower - Fixture					Tub/Shower - Fixture
				Tub/Shower - Faucet					Tub/Shower - Faucet
				Tub/Shower - Trap/Drain					Tub/Shower - Trap/Drain
				Tub/Shower - Vent					Tub/Shower - Vent
				Tub/Shower - Shut Off Valves					Tub/Shower - Shut Off Valves
				Tub-Shower-Water Diverters					Tub-Shower-Water Diverters
				Toilet - Fixture					Toilet - Fixture
				Toilet - Seat					Toilet - Seat
				Toilet - Float Assembly					Toilet - Float Assembly
				Toilet - Shut Off Valves					Toilet - Shut Off Valves

# HOME Form 3

NONE/NA	INSTALL	REPLACE/ REPAIR	OK	DESCRIBE EXISTING CONDITIONS
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**BEDROOM #1**      Location \_\_\_\_\_      **BEDROOM #2**      Location \_\_\_\_\_

				Floor					Floor
				Walls					Walls
				Ceiling					Ceiling
				Interior Doors					Interior Doors
				Windows and Frames      Primary # Glazing Type _____ Window Style _____ Operable Yes _____ No _____					Windows and Frames      Primary # Glazing Type _____ Window Style _____ Operable Yes _____ No _____
				Windows and Frames      Storm # Wood _____ Alum _____ Vinyl _____					Windows and Frames      Storm # Wood _____ Alum _____ Vinyl _____
				Electrical Light      Switch      Receptacles #					Electrical Light      Switch      Receptacles #
				Deteriorated Paint      Yes _____      No _____					Deteriorated Paint      Yes _____      No _____
Comments:									

**BEDROOM #3**      Location \_\_\_\_\_      **BEDROOM #4**      Location \_\_\_\_\_

				Floor					Floor
				Walls					Walls
				Ceiling					Ceiling
				Interior Doors					Interior Doors
				Windows and Frames      Primary # Glazing Type _____ Window Style _____ Operable Yes _____ No _____					Windows and Frames      Primary # Glazing Type _____ Window Style _____ Operable Yes _____ No _____
				Windows and Frames      Storm # Wood _____ Alum _____ Vinyl _____					Windows and Frames      Storm # Wood _____ Alum _____ Vinyl _____
				Electrical Light      Switch      Receptacles #					Electrical Light      Switch      Receptacles #
				Deteriorated Paint      Yes _____      No _____					Deteriorated Paint      Yes _____      No _____
Comments:									

**ATTIC**      Entrance Location \_\_\_\_\_

				Rafters/Roof Board					Bracing
				Attic Insulation					Inches of Insulation _____      Air Chutes
				Electrical					Light      Switch
				Attic Ventilation					Soffit      Roof      Ridge      Gable
				Deteriorated Paint      Yes _____      No _____					Deteriorated Paint      Yes _____      No _____
Comments:									

NONE/NA	INSTALL	REPLACE/ REPAIR	OK	DESCRIBE EXISTING CONDITIONS
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**EXTERIOR**

				Ground Slope at Foundation	Positive Drainage: Yes _____ No _____
				Exterior of Foundation	
				Siding Type _____	
				Wall Insulation	
				Soffit and Fascia	
				Roof Hip _____ Gable _____ Other _____	
				Roofing	Shingles _____ Built-Up _____ Membrane _____ Other _____
				Gutter/Downspouts and Leaders/Splash Blocks	
				Flashing and Vent Jacks	
				Chimney Liner	
				Main Entry and Grade Steps	Handrail: Yes _____ No _____
				Side and Rear Steps	Handrail: Yes _____ No _____
				Paved Surfaces	Sidewalk _____ Driveway _____
				Lighting	Entrance _____ Parking _____
				Deteriorated Paint	Yes _____ No _____
Comments:					

**GARAGE** Attached \_\_\_\_\_ Detached \_\_\_\_\_

				Floor	
				Siding	
				Roof	Rafters _____ Roof Sheathing _____
				Windows	
				Service Door(s)	
				Overhead Door(s)	
				Electrical	Light _____ Switch _____ Receptacle # _____
				Deteriorated Paint	Yes _____ No _____
Comments:					