



LICENSED ENGINEER'S/LICENSED ARCHITECT REPORT

PROPERTY ADDRESS:

Tax Map Number	Permit Type <small>(*internal use only*)</small>	App Number <small>(*internal use only*)</small>	Inspect Date	Inspect Start Time	Inspect End Time

OCCUPANCY TYPE: (check as appropriate) OTHER _____
<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Two-Family Dwelling (One Unit Rented) <input type="checkbox"/> Two-Family Dwelling (Two Units Rented) <input type="checkbox"/> Condominium/Townhouse

INSPECTION CHECKLIST

1. EXTERIOR			
YES	NO	DESCRIPTION	COMMENTS
		Exterior in good repair & sanitary	
		Exterior walls are free from holes, loose, missing or rotting materials	
		Roofs, drains, gutters and downspouts in good repair with no defects that admit rain	
		Street address numbers plainly legible and visible from the street	
		Free of unregistered vehicles (no more than one junk vehicle)	
		Free from litter & debris	
		Grass & weeds do not exceed ten (10) inches	
		Fences maintained and in good repair	
		Other (specify)	

2. LIVING ROOM			
YES	NO	DESCRIPTION	COMMENTS
		Interior in good repair & sanitary (windows, walls and floor in good condition)	
		Free from electrical hazards (exposed wiring, switch & outlet face plates missing, etc.)	

3. KITCHEN			
YES	NO	DESCRIPTION	COMMENTS
		Interior in good repair & sanitary (windows, walls and floor in good condition)	
		Free from electrical hazards (exposed wiring, switch & outlet face plates missing, etc.)	
		Plumbing fixtures operating properly and free from leaks (*check faucet for hot and cold*)	
		Kitchen appliances present (stove and refrigerator)	

4. DINING ROOM <input type="checkbox"/> Not Applicable			
YES	NO	DESCRIPTION	COMMENTS
		Interior in good repair & sanitary (windows, walls and floor in good condition)	
		Free from electrical hazards (exposed wiring, switch & outlet face plates missing, etc.)	

5. BATHROOM #1			
Location:			
YES	NO	DESCRIPTION	COMMENTS
		Interior in good repair & sanitary (windows, walls and floor in good condition)	
		Free from electrical hazards (exposed wiring, switch & outlet face plates missing, etc.)	
		Plumbing fixtures operating properly and free from leaks (*check faucet for hot & cold and flush toilet*)	
		Shower/tub or standing shower present	

6. BATHROOM #2			
Location:			<input type="checkbox"/> Not Applicable
YES	NO	DESCRIPTION	COMMENTS
		Interior in good repair & sanitary (windows, walls and floor in good condition)	
		Free from electrical hazards (exposed wiring, switch & outlet face plates missing, etc.)	
		Plumbing fixtures operating properly and free from leaks (*check faucet for hot & cold and flush toilet*)	
		Shower/tub or standing shower present	

7. BATHROOM #3			
Location:			<input type="checkbox"/> Not Applicable
YES	NO	DESCRIPTION	COMMENTS
		Interior in good repair & sanitary (windows, walls and floor in good condition)	
		Free from electrical hazards (exposed wiring, switch & outlet face plates missing, etc.)	
		Plumbing fixtures operating properly and free from leaks (*check faucet for hot & cold and flush toilet*)	
		Shower/tub or standing shower present	

8. BEDROOM #1			
Location:			
YES	NO	DESCRIPTION	COMMENTS
		Interior in good repair & sanitary (windows, walls and floor in good condition)	
		Free from electrical hazards (exposed wiring, switch & outlet face plates missing, etc.)	
		Free from overcrowding (does not exceed occupancy limits)	

9. BEDROOM #2			
Location:			<input type="checkbox"/> Not Applicable
YES	NO	DESCRIPTION	COMMENTS
		Interior in good repair & sanitary (windows, walls and floor in good condition)	
		Free from electrical hazards (exposed wiring, switch & outlet face plates missing, etc.)	
		Free from overcrowding (does not exceed occupancy limits)	

10. BEDROOM #3			
Location:			<input type="checkbox"/> Not Applicable
YES	NO	DESCRIPTION	COMMENTS
		Interior in good repair & sanitary (windows, walls and floor in good condition)	
		Free from electrical hazards (exposed wiring, switch & outlet face plates missing, etc.)	
		Free from overcrowding (does not exceed occupancy limits)	

11. BEDROOM #4			
Location:			<input type="checkbox"/> Not Applicable
YES	NO	DESCRIPTION	COMMENTS
		Interior in good repair & sanitary (windows, walls and floor in good condition)	
		Free from electrical hazards (exposed wiring, switch & outlet face plates missing, etc.)	
		Free from overcrowding (does not exceed occupancy limits)	

12. BEDROOM #5			
Location:			<input type="checkbox"/> Not Applicable
YES	NO	DESCRIPTION	COMMENTS
		Interior in good repair & sanitary (windows, walls and floor in good condition)	
		Free from electrical hazards (exposed wiring, switch & outlet face plates missing, etc.)	
		Free from overcrowding (does not exceed occupancy limits)	

13. OTHER ROOMS			
Type of Room:		Location: <input type="checkbox"/> Not Applicable	
YES	NO	DESCRIPTION	COMMENTS
		Interior in good repair & sanitary (windows, walls and floor in good condition)	
		Free from electrical hazards (exposed wiring, switch & outlet face plates missing, etc.)	

14. OTHER ROOMS (2)			
Type of Room:		Location: <input type="checkbox"/> Not Applicable	
YES	NO	DESCRIPTION	COMMENTS
		Interior in good repair & sanitary (windows, walls and floor in good condition)	
		Free from electrical hazards (exposed wiring, switch & outlet face plates missing, etc.)	

15. BASEMENT/CELLAR			
UNFINISHED <input type="checkbox"/>		PARTIALLY FINISHED <input type="checkbox"/>	
		FINISHED <input type="checkbox"/>	
<input type="checkbox"/> Not Applicable			
YES	NO	DESCRIPTION	COMMENTS
		Exterior entrance	
		Interior in good repair & sanitary (windows, walls and floor in good condition)	
		Free from electrical hazards (exposed wiring, switch & outlet face plates missing, etc.)	

16. STAIRWAYS			
YES	NO	DESCRIPTION	COMMENTS
		Handrails & railings secured	
		Stairs & landings clear of stored items and tripping hazards	
		Railings in compliance (no missing spindles)	

17. SMOKE DETECTORS			
YES	NO	DESCRIPTION	COMMENTS
		Smoke detectors on the ceiling or wall within 15 feet outside each bedroom	
		Smoke detectors in each bedroom or room used for sleeping purposes	
		Smoke detectors located on each story (within all dwelling units) including basements and cellars	

18. CARBON MONOXIDE DETECTORS			
YES	NO	DESCRIPTION	COMMENTS
		Carbon monoxide detectors in each dwelling unit	
		Carbon monoxide detectors on each level with bedroom and within 15 feet of each sleeping area	
		Carbon monoxide detectors on each story with a carbon monoxide source	

19. CERTIFICATES OF OCCUPANCY				
YES	NO	N/A	DESCRIPTION	COMMENTS
			Was the dwelling constructed prior to 1934?	
			Dwelling	
			Letter in Lieu	
			Additions or extensions	
			Interior alterations (i.e. garage conversion, finished basement, etc.)	
			Deck	
			Swimming Pools	
			Other	

LICENSED PROFESSIONAL ENGINEER/LICENSED ARCHITECT INFORMATION

Name: _____

Licensed Professional Engineer Licensed Architect

Address: _____

Phone Number: _____

License No: _____

E-mail Address: _____

PASS **FAIL**

I have photographed all 19 previously mentioned sections in this packet as well as any other rooms/structures that pertain to this dwelling and have attached them to this report. I have not omitted any pictures or areas of the dwelling that may be considered a code violation by the Town of Huntington.

Number of photos taken: _____

LICENSED PROFESSIONAL ENGINEER/LICENSED ARCHITECT OFFICIAL STAMP: _____

Comments: _____

I, _____, certify I have personally completed all 19 sections of this form,

Initialing each page as completed, and inspected the dwelling at _____.
(Property location)

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK

Signature

Date