

**Fiscal Year
2015-2016**

City of Cumberland
Housing Inspection Form

RRLA#

Inspection Checklist

Lead Certificate Provided at Time of Inspection:

2008 Housing Code, Ordinance #3597

Visual Copy Provided Exempt

License Verified: Yes No

A. General Information:

INSPECTOR: David Cox Chris Gay

Inspection Address:	Unit No./Loc.	Property Tax Number:	Scanned _____	Keep Permanent _____
Owner's Name:	Owner's Phone No:		Type of Inspection: Vacant IRF Complaint Required <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Owner's Address:			Sch. Insp. Date:	Time:
Registered Agent (If Applicable):	Agent's Phone No:		Re-Sch. Insp. Date:	Time:
Registered Agent's Address:			Re-Sch. Insp. Date:	Time:
Tenant's Name if Unit is Occupied:	Tenant's Telephone No.:		Re-Inspection Date: (30 Days)	Time
<input type="checkbox"/> Unit Vacant				

B. Housing Type: (Check one)

- Single Family Dwelling (Attached Detached)
 Row/Town House
 Efficiency Unit
 Low Rise: 3,4 Stories
 Duplex or Two Family (Single Owner)
 High Rise: 5/More Stories
 Boarding House
 Other: _____

Number of Dwelling Units:	TOTAL	VACANT	Number of Stories	TOTAL	VACANT	Maximum Allowable Number of Occupants in Dwelling Unit: _____
	1					

C. Unit Summary Decision: (To be completed after form has been filled out.)

- PASS
 PASS W / CMMT
 FAIL
 INCONCLUSIVE

Comments: _____

D. Inspection Checklist (INTERIOR)

General

Code Sect. 5-____	Code Item	Pass	Fail	Incon- clusive	Comments	Date Approved
303(b)(2)	Apartment Entrance Door <i>(Unit No. & Type)</i>				2" High Lettering (Solid Core/20 Min Fire Rating Required after 7/1/10)	
277	Lighting of Halls and Stairs					
303(a)(4)	Handrails <i>(3 or more risers)</i>					
273	Exit Signs					

SAMPLE

D. Inspection Checklist (Interior) - Cont'd

Living Room : ROOM SIZE Length _____ ' X _____ ' Width = _____ Sq. Ft. = _____

Code Sect. 5-____	Code Item	Pass	Fail	Incon- clusive	Comments	Date Approved
272	Fire Alarm System					
274	Ventilation & Light					
279. 280	Electrical Outlets & Fixtures					
282, 283, 284, 350	Heating Facilities					
301 (O) & 342, 343 (T)	Sanitary Main. <i>(Owner/Tenant)</i>					
303(b), 304, 306, 307 (O) 344, 345, 346 (T)	Interior Conditions <i>(Owner/Tenant)</i>					
305	Chip & Peel Paint					
Other						

Dining Room : ROOM SIZE Length _____ ' X _____ ' Width = _____ Sq. Ft. = _____

Code Sect. 5-____	Code Item	Pass	Fail	Incon- clusive	Comments	Date Approved
272	Fire Alarm System					
274	Ventilation & Light					
279. 280	Electrical Outlets & Fixtures					
282, 283, 284, 350	Heating Facilities					
301 (O) & 342, 343 (T)	Sanitary Main. <i>(Owner/Tenant)</i>					
303(b), 304, 306, 307 (O) 344, 345, 346 (T)	Interior Conditions <i>(Owner/Tenant)</i>					
305	Chip & Peel Paint					
Other						

Kitchen : ROOM SIZE Length _____ ' X _____ ' Width = _____ Sq. Ft. = _____

Code Sect. 5-____	Code Item	Pass	Fail	Incon- clusive	Comments	Date Approved
262	Sinks <i>(Hot/ Cold)</i>					
265	Water Heating Facilities					
266	Plumbing Installation/ Main.					
267	<i>Facilities (Stove, Frig, Storage Space & Durable/ Washable Countertop 4SF)</i>					
274	Mechanical Ventilation & Light					
279. 280, 281	Electrical Outlets & Fixtures					
282, 283, 284, 350	Heating Facilities					
301 (O) &	Sanitary Main.					

342, 343 (T)	(Owner/Tenant)					
303(b), 304, 306, 307 (O)	Interior Conditions (Owner/Tenant)					
344, 345, 346 (T)						
305	Chip & Peel Paint					
Other						

D. Inspection Checklist (Interior) - Cont'd

Toilet Facility (1/2 Bath): ROOM SIZE Length _____ ' X _____ ' Width = _____ Sq. Ft. = _____

Code Sect. 5-____	Code Item	Pass	Fail	Incon- clusive	Comments	Date Approved
262	Sinks (+Hot/ Cold)					
263	Toilet Facility					
266	Plumbing Installation/ Main.					
279. 280	Electrical Outlets & Fixtures					
263	Impervious Surface					
263, 324	Privacy					
305	Chip & Peel Paint					
282, 283, 284, 350	Heating Facilities					
301 (O) & 342, 343 (T)	Sanitary Main. (Owner/Tenant)					
303(b), 304, 306, 307 (O)	Interior Conditions (Owner/Tenant)					
344, 345, 346 (T)						
Other						

Toilet Facility (Main Bathroom): ROOM SIZE Length _____ ' X _____ ' Width = _____ Sq. Ft. = _____

Code Sect. 5-____	Code Item	Pass	Fail	Incon- clusive	Comments	Date Approved
262/264	Sinks & Bathing Facility (+Hot/ Cold)					
263	Toilet Facility					
266	Plumbing Installation/ Main.					
275	Mechanical Ventilation					
279. 280	Electrical Outlets & Fixtures					
263	Impervious Surface					
263, 324	Privacy					
305	Chip & Peel Paint					

282, 283, 284, 350	Heating Facilities					
301 (O) & 342, 343 (T)	Sanitary Main. (Owner/Tenant)					
303(b), 304, 306, 307 (O)	Interior Conditions (Owner/Tenant)					
344, 345, 346 (T)						
Other						

SAMPLE

D. Inspection Checklist (Interior) - Cont'd

Bedroom # _____ : ROOM SIZE Length _____ ' X _____ ' Width = _____ Sq. Ft. = _____ Occupants

Code No:	Code Item	Yes Pass	No Fail	Incon-clusive	Comments	Approved date
345	Egress					
272(b)	Smoke Detector					
274	Light & Ventilation					
279-280	Electrical Outlets					
282, 283, 284, 350	Heating Facilities					
501 & 702	Sanitary Maintenance					
503 (B) & 505	Interior Conditions					
305	Chip & Peel Paint					
301 (O) & 342, 343 (T)	Sanitary Main. (Owner/Tenant)					
303(b), 304, 306, 307 (O)	Interior Conditions (Owner/Tenant)					
344, 345, 346 (T)						
Other						

Bedroom # _____ : ROOM SIZE Length _____ ' X _____ ' Width = _____ Sq. Ft. = _____ Occupants

Code No:	Code Item	Yes Pass	No Fail	Incon-clusive	Comments	Approved date
345	Egress					
272(b)	Smoke Detector					
274	Light & Ventilation					
279-280	Electrical Outlets					
282, 283, 284, 350	Heating Facilities					
501 & 702	Sanitary Maintenance					
503 (B) & 505	Interior Conditions					
305	Chip & Peel Paint					
301 (O) & 342, 343 (T)	Sanitary Main. (Owner/Tenant)					
303(b), 304, 306, 307 (O)	Interior Conditions (Owner/Tenant)					
344, 345, 346 (T)						

Other						
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SAMPLE

D. Inspection Checklist (Interior) - Cont'd

Bedroom # _____ : ROOM SIZE Length _____ ' X _____ ' Width = _____ Sq. Ft. = _____ Occupants

Code No:	Code Item	Yes Pass	No Fail	Incon-clusive	Comments	Approved date
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272(b)	Smoke Detector					
274	Light & Ventilation					
279-280	Electrical Outlets					
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501 & 702	Sanitary Maintenance					
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301 (O) & 342, 343 (T)	Sanitary Main. (Owner/Tenant)					
303(b), 304, 306, 307 (O)	Interior Conditions (Owner/Tenant)					
344, 345, 346 (T)						
Other						

Bedroom # _____ : ROOM SIZE Length _____ ' X _____ ' Width = _____ Sq. Ft. = _____ Occupants

Code No:	Code Item	Yes Pass	No Fail	Incon-clusive	Comments	Approved date
345	Egress					
272(b)	Smoke Detector					
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305	Chip & Peel Paint					
301 (O) & 342, 343 (T)	Sanitary Main. (Owner/Tenant)					
303(b), 304, 306, 307 (O)	Interior Conditions (Owner/Tenant)					
344, 345, 346 (T)						

Other						
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SAMPLE

D. Inspection Checklist (Interior) - Cont'd

Basement

Code No:	Code Item	Yes Pass	No Fail	Inconclusive	Comments	Approved date
261	Water Supply					
262	Sinks					
282	Heating Facilities					
283	Central Heating Units					
265-284	Space & Hot Water Heating Units				<input type="checkbox"/> Install Pressure-Relief, Blow Off Tube	
323	Basement Occupancy					
Other						
Other						

E. Inspection Checklist (Exterior Conditions)

	Good	Poor	N/A	Comments
Roofing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rain Gutters & Spouting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chimney.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exterior Paint.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Porches, Stairs, Railing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foundation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fences.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Garage.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

F. General Health And Safety

	Yes	No	Comments
Structure Properly Addressed ..	<input type="checkbox"/>	<input type="checkbox"/>	_____
Evidence of Infestation.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Garbage and Debris.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Interior Hazards.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Refuse Disposal Area.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Animal Confinement Area	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Good	Poor	N/A	Comments
Access to Unit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire Exits.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interior Stairs & Common Halls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Elevators.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interior Air Quality.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neighborhood Conditions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

G. Questions to Ask Tenants (Optional)

- Does the owner make repairs when asked? Yes No
- How many people live there? _____.

H. General Comments

SAMPLE

**MARYLAND DEPARTMENT OF ENVIRONMENT (MDE)
LEAD POISONING PREVENTION PROGRAM
LOCAL GOVERNMENT RENTAL REGISTRY CHECKLIST FOR COMPLIANCE WITH
STATE OF MARYLAND ARTICLE 24, POLITICAL SUBDIVISIONS, 18-101
(Complete one form for each dwelling unit.)**

Property Owner's Name: _____

Property Owner's Mailing Address: _____

Rental Property: _____
Street Number Unit Number Street Name

1. Is the residential property an "affected property"? YES NO
(i.e., residential rental property built before 1950)

If your answer is "NO", please state reason on the line below.
(i.e., post 1949, lead free)

Skip to Item Number 2.

If your answer is "YES", please continue.

- a. Has the property been registered with MDE? YES NO
- b. Is the MDE Property Registration Renewal
current for this year? YES NO
- c. Provide tracking number. Number _____
(Formerly referred to as the owner's registration number.)
- d. Did the current tenant move in on or after
February 24, 1996? YES NO

If your answer is "YES", provide the Lead Inspection Certificate Number for the current tenancy as required under § 6-815 (c) of the Environment Article.

Current Lead Inspection Certificate Number: _____

**The City of Cumberland requires that the Lead Inspection Certificate
for the current tenancy be attached.**

- e. After February 24, 2006, all affected properties in which a person at risk resides or regularly spends 24 hours per week, and of whom the owner has been notified in writing, must satisfy the risk reduction standard specified in §6-815 (a) of the Environment Article. A person at risk is a child under the age of 6 years or a pregnant woman.

Copy of statement of compliance is attached. YES NO

- 2. I do solemnly declare under the penalty of perjury that all the information provided is true and correct for the above-listed rental property.

Signature

Title

Print Your Name

Date

SAMPLE