## Borough of Quakertown Residential Rental Dwelling Unit Minimal Safety Inspection Checklist

Addı	Address: Ur				Unit	#				
Build Shou	The validity of the Use and Occupancy Certificate is contingent with all Borough of Quakertown Ordinances and Building Codes. The property owner or tenant is responsible for this compliance.  Should any of the listed items below not be incompliance, a certificate will not be issued and a re-inspection will be required. An additional fee may be required for re-inspections.									
requ	ırea.	An additionai jee n	ıay be requirea jo	r re-inspectio	ons.	j	OK	DEF	N/A	
1	Oper	obla windows (Ev	ary window, other	er than a fived	window shall be easily		OIZ	DEL	11/73	
1	Openable windows (Every window, other than a fixed window, shall be easily openable and capable of being held in position by window hardware)									
2	Functioning smoke detectors in every bedroom & one on each level, including basement							+		
3	Functioning sinks and toilets							+		
4	Pressure relief valve on hot water heaters must have drop pipe 6" above finished floor					d floor		+		
5	Functioning garbage disposal, if existing							+		
6	Adequately ventilated bathroom							+		
7	^ '							+		
8	No unfilled openings in electric circuit breaker box							+		
9	No visible openings to exterior which allow weather to enter the interior							+		
10	1 0					itches	<b> </b>	+		
11	Sump pump discharges to exterior of building (not into sanitary sewer pipes)					Itelies	<b> </b>	+		
								+		
13							<del>                                     </del>	+		
10	¥ 101.	70 5 01 1u1 501 uuu	1035 Humbers 1101	II the succe						
			Correc	tive Action o	r Renairs Required					
	Corrective Action or Repairs Required									
	_									
The	abov	e corrections and	or repairs are to	be complete	ed by				•	
I HA	VEI	READ THE ABO	VE INFORMAT	TON REGAL	RDING THE CORREC	TIVE ACT	TON O	R REP	AIRS	
REQUIRED PERTAINING TO THE RESIDENTIAL RENTAL DWELLING UNIT INSPECTION.										
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PKI	NIN	AME				IIN	SPEC 1.	ED ADD	)KESS	
SIGNATURE OF NAME					DATE OF SIGNATURE					
OFFICE USE ONLY										
		cation Received			Fee Amount Paid					
		ction Conducted			Date Permit Issued					
Date of 2 <sup>nd</sup> re-inspection					Date Permit Expires					