

Carrollton Township
Non- Owner-Occupied Inspection Report:

Property Address: _____

Owner Name: _____

Phone Number: _____

Email Address: _____

Inspector Name: _____

License #: _____

Exterior Conditions:

Front Entrance Type: Covered/Uncovered, Patio, Porch, Deck

Front Entrance Conditions____ Comments: _____

Rear Entrance Type: Covered/Uncovered, Patio, Porch, Deck

Rear Entrance Conditions____ Comments: _____

Structure Type: Wood Frame, Brick/Masonry, Log

Exterior Wall Covering: Wood, Vinyl, Metal, Brick, Stone, Stucco, Veneer, EIFS

Exterior Wall Conditions____ Comments: _____

Window Material: Aluminum, Wood, Vinyl

Window Type: Sliding, Casement, Double Hung, Single Hung, Louver

Window Conditions____ Comments: _____

Door Conditions____ Comments: _____

Roof Condition____ Comments: _____

Flashing Conditions____ Comments: _____

Condition of Roof Penetrations____ Comments: _____

Gutter and Downspout Conditions____ Comments: _____

Chimney Material: Brick, Block, Concrete, Stone

Chimney Conditions____ Comment: _____

Heating:

Location of Unit_____

Heating Type: Forced Air, Gravity, Radiant, Boiler, Floor/Wall, Heat Pump

Energy Source: Natural Gas, Oil, Wood/Coal, Electric

Heating Unit Condition____ Comments: _____

Electrical

Main Panel Location_____

Circuit Protection Type: Breakers, Fuses

Main Panel Conditions____ Comments: _____

Conditions____ Comments: _____

Plumbing

Drain Line Material: Plastic/PVC, Galvanized, Lead, Copper

Drain Line Conditions____ Comments: _____

Gas/Oil Fuel Systems:

Fuel Line Conditions____ Comments_____

Water Heater Type: Gas, Electric

Water Heater Conditions____ Comments_____

Interiors:

Walls/Ceilings/Floors:

Wall Conditions____ Comments: _____

Ceiling Conditions____ Comments: _____

Floor Conditions____ Comments: _____

Closet Conditions____ Comments: _____

Windows/Doors:

Interior Window Conditions____ Comments: _____

Interior Door Conditions____ Comments: _____

Electrical Conditions:

Electrical Conditions____ Comments: _____

Lighting Conditions____ Comments: _____

Smoke Detectors Present? Yes, No Comments: _____

Kitchen:

Wall Conditions____ Comments: _____

Ceiling Conditions____ Comments: _____

Floor Conditions____ Comments: _____

Closet Conditions____ Comments: _____

Heating Source Conditions____ Comments: _____

Electrical Conditions____ Comments: GFI installed _____

Lighting Conditions____ Comments: _____

Counter Condition____ Comments: _____

Cabinet Conditions____ Comments: _____

Sink Plumbing Conditions____ Comments: _____

Sink Faucet Condition____ Comments: _____

Stove/Range Type: Electric, Gas, Combo

Stove/Range Conditions____ Comments: _____

Refrigerator Condition____ Comments: _____

Bath(s):

Wall Conditions____ Comments: _____

Ceiling Conditions____ Comments: _____

Floor Conditions____ Comments: _____

Window Conditions____ Comments: _____

Door Conditions____ Comments: _____

Electrical Conditions____ Comments: _GFI installed_____

Lighting Conditions____ Comments: _____

Ventilation Fan Conditions____ Comments: _____

Counter/Cabinet Conditions____ Comments: _____

Sink Drain Conditions____ Comments: _____

Faucet Conditions____ Comments: _____

Shower Enclosure Condition____ Comments: _____

Tub Condition____ Comments: _____

Bath Faucet Condition____ Comments: _____

Toilet Condition____ Comments: _____

Basement:

Wall Conditions____ Comments: _____

Egress Window ____ Comments: _____

Door Conditions____ Comments: _____

Electrical Conditions____ Comments: _____

Sump Pump Conditions____ Comments: _____

Garage:

Garage Type: Attached/Detached, Finished/Unfinished

Wall Conditions____ Comments: Fire wall if attached_____

Electrical/Lighting Conditions____ Comments: _____

Laundry Room:

Laundry Room Conditions____ Comments: _____

Flooring/Structure:

Flooring Support Type: Joists, Trusses

Flooring Support Conditions____ Comments: _____

X_____

Inspector Signature

By signing this document, you are attesting that all the information is true.
Falsifying statements can result in the revocation of license.