

**Borough of Perkasio  
Residential Rental Dwelling Unit Minimal Safety Inspection Checklist**

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

*The validity of the Use and Occupant Certificate is contingent with all Borough of Perkasio Ordinances and Building Codes. The property owner is responsible for this compliance.*

*Should any of the listed items below not be in compliance, a certificate will not be issued and a re-inspection will be required. An additional fee may be required for re-inspections.*

	OK	DEF	N/A
<b>1</b> Openable windows (every window, other than a fixed window, shall be easily openable and capable of being held in position by window hardware).			
<b>2</b> Functioning smoke detectors in every bedroom and one on each level, including basement.			
<b>3</b> Functioning sinks and toilets.			
<b>4</b> Pressure relief valve on hot water heaters must have drop pipe of 6" above finished floor.			
<b>5</b> Adequately ventilated bathroom.			
<b>6</b> Handrails and/or guardrails at all stairways and decks.			
<b>7</b> No unfilled openings in electric circuit breaker box.			
<b>8</b> No visible openings to exterior which allow weather to enter the interior.			
<b>9</b> No visible exposed and uncapped electric wires or uncovered receptacles or switches.			
<b>10</b> Fire rated door assembly complete between garage and dwelling.			
<b>11</b> Visible 3" or larger address numbers from the street.			
<b>12</b> Functioning Windows (no cracks or missing windows)			
<b>13</b> Carbon Monoxide Detector			

<b>Corrective Action or Repairs Required</b>	

The above corrections and/or repairs are to be completed by \_\_\_\_\_

**I HAVE READ THE ABOVE INFORMATION REGARDING THE CORRECTIVE ACTION OR REPAIRS REQUIRED PERTAINING TO THE RESIDENTIAL RENTAL DWELLING UNIT INSPECTION.**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**INSPECTION ADDRESS**

\_\_\_\_\_  
**SIGNATURE OF NAME**

\_\_\_\_\_  
**DATE OF SIGNATURE**

<b>OFFICE USE ONLY</b>			
Date Application Received		Fee Amount Paid	
Date Inspection Conducted		Date Permit Issued	
Date of 2 <sup>nd</sup> Re-Inspection		Date Permit Expires	
Status of 2 <sup>nd</sup> Re-Inspection		Permit No.	



**Borough of Perkasio**  
Code Enforcement  
620 West Chestnut Street  
Perkasio, PA 18944  
Tel. 215-257-5065 – Fax 215-257-6875

### Residential Rental Dwelling Registration Form

\*The purpose of this information is to support local emergency services in the event an emergency occurs.\*

Property Address:	
Number of Residential Units:	Number of Buildings:
Property Owner:	
Contact Name:	Phone number:
Address:	
After Hours Phone No.:	Cellular No.:
Fax #:	E-mail:
Manager:	Phone No.:
Address:	
After Hours Phone No.:	Cellular No.:
Fax #:	E-mail:
Property Management Company:	
Contact Name:	Phone number:
Address:	
After Hours Phone No.:	Cellular No.:
Fax #:	E-mail:
Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Type of Alarms: <input type="checkbox"/> Smoke <input type="checkbox"/> Heat <input type="checkbox"/> Duct
Fire Alarm Company:	
Address:	
Sprinkler System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Last Inspection Date:
Sprinkler System Company:	
Address:	
Square Footage: Length of Building _____ "x" Width of Building _____ "x" # Floors _____ = _____	
Knox Box: <input type="checkbox"/> Yes <input type="checkbox"/> No	Knox Box Location:

**\*Tenant Information To Follow-Make Copies As Necessary\*\***

### Tenant Information

\*The purpose of this information is to support local emergency services in the event an emergency occurs.\*

Unit Number:	Building Number
Address:	
No. of Tenants:	Contact Phone #:
Are there any special needs or disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Address:	
No. of Tenants:	Contact Phone #:
Are there any special needs or disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No	

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