

HABITATIONAL & COMMERCIAL PROPERTY INSPECTION REPORT FORM

Applicant (Full Name): _____ Application # _____
 Location (of property): _____ Date Inspected: _____
 County where located: _____

FIRE PROTECTION:

Yes No

Is the risk within 1000 feet of a public fire hydrant?

Is the risk within City Corporate Limits?

If not within City Corp. limits, list responding Fire Dept. located within 5 road miles- _____

Was the entire building inspected? (if no, explain) _____

OCCUPANCY:

WHO OCCUPIES THE DWELLING? OWNER TENANT BOTH OWNER & TENANTS VACANT

TOTAL NUMBER OF FAMILIES: _____ ARE THERE ANY BOARDERS IN THE HOME? Yes No If yes, how many? _____

OCCUPANCY TABLE: (Only to be completed if more than one family or more than one type of occupancy)

Floor	Occupancy	# of Apts.	# of occupants	# of boarders
Bsmt.	<input type="checkbox"/> Yes - <input type="checkbox"/> No			
1 st FL.				
2 nd FL.				
3 rd FL.				
4 th FL.				

BUILDING INFORMATION:

Ground Floor Area: _____ ft. (wide) by _____ ft. (long) Equals _____ Sq. Ft. Number of Floors: _____

Year of Construction: _____

Construction Type: (If Mixed, list percentage) _____ Frame _____ Brick _____ Joisted Masonry
 _____ Non-Combustible _____ Masonry-Non Combustible _____ Fire Resistive

*Special Instructions: If a "yes" answer box is checked, note if the condition is **Light (L)**, **Moderate (M)** or **Severe (S)**.*

A. Physical Conditions-

	Yes	No	L	M	S	Location
1. Building not in good repair (broken windows or plaster; sagging floors or roof; deteriorating walls; loose wallpaper, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Roof or chimney deteriorating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Exterior wood surfaces unpainted or decaying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Garages or porches not well maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Excessively combustible interior finish, decorations, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Evidence of previous fire damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Other substandard physical conditions (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

B. Housekeeping-

	Yes	No	L	M	S	Location
1. Rubbish, Litter or Debris in...						
a. Basement (or under open foundation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Floor (specify which)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Hallways or stairways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Yard (of property)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Commercial Risk - Congested Interior Stock Arrangement, clear aisles not maintained, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Other Substandard Housekeeping Conditions (combustibles stored near heating devices, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

C. Wiring-

	Yes	No	L	M	S	Location
1. Unsafe or Inadequate Wiring (loose, exposed or damaged wiring, not on proper supports; broken or missing switches or receptacles, plates missing; missing covers on junction boxes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Nonstandard Extensions (exposed; damaged; spliced; fastened to walls or ceilings; extensively used)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Overloading or Over fusing (inadequate circuits; oversized or bridged fuses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Other Sub-standard Features (damaged lighting fixtures or lamps; damaged appliances - heaters, cooking equipment, fans, motors, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

D. Heating & Appliances-

- Are there any **Wood, Coal or Pellet** Stoves? Yes No (If yes, photograph the stove and complete Solid Fuel Supplement even if it is "not used")
- Type of System: Central Fixed (wall-mounted or stationary) Units Portable Indiv. Units Other _____
- Fuel: Heating Oil Kerosene Gas Wood Coal Electric
- Sub-standard Heating Device(s) (not in good working order; unsafely arranged on wood floor; cut off switch not marked & not safe distance; COMMERCIAL - hot air ducts in contact with combustible partitions, ceiling, stock, etc.)
- Sub-standard Fuel Supply (unsafe piping; subject to damage; leak in supply line, etc.)
- Unsafe arrangement of cooking devices, including (where applicable) grease hoods or ducts in contact with combustible partitions, ceiling, walls, roof or stock, inadequate program for cleaning same and lack of automatic fire extinguishing system in commercial cooking areas
- Sub-standard Venting (if required) (vent in contact with combustible partitions, ceiling, wall, roof, stock, etc.)

Yes	No	L	M	S	Location
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

E. Conversion-

- Use of premises beyond designed occupancy limits
- Subdivision or conversion of original living or other occupancy spaces into multiple units with overcrowded occupancy
- Violation of Law or Public Policy
- Other substandard conversion features (Specify)

Yes	No	L	M	S	Location
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

F. Outside Fire Exposures-

- Attached Row house(s) vacant or in deteriorated condition** (Explain below) ****NEW ITEM****
 - Is the vacant home open to trespass & not secured?
 - Are there multiple vacant properties contained within the row of houses?
- Brush Exposure
- Rubbish Accumulation in adjacent yards or buildings (Specify)
- Street or alley congestion creating potential impairment of fire-fighting equipment
- Other substandard outside fire exposures (Specify)

Yes	No	L	M	S	Location
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

G. Hazardous Conditions Not Otherwise Reported-

- Vacancy or Un-occupancy - in whole or in part (give extent)
- Is the building open to trespass
- Size & type of construction adversely affecting fire-righting efficiency or fire extinguishment
- Large undivided areas or lack of proper fire cut-offs increasing loss probability & severity or probable maximum loss

Yes	No	L	M	S	Location
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

H. Fire Communication & Exposure-

- Are the smoke detectors missing or inoperable?
- Does the Risk communicate with adjacent buildings via decks, porches or additions?
- What is the total number of Habitational units between fire divisions? (see below)**
You need to determine how many homes or apartments there are between the firewalls. The walls must extend to the bottom of the roof or above the roof to be considered a true fire wall. If the attic spaces are open between units, then there is communication between all of the units and you would count all of the homes in the row. If the exposure/risk has commercial occupancies, a standard firewall must extend 18 inches beyond the roof line to be considered one fire division for rating purposes.

Yes	No	Explanation
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	# units _____

I. Extended Coverage Features-

- Is the property within 200' of a **River, Stream Ocean or Bay?** (Wind Exposure) (photograph)
- Inadequate security measures involving excessive exposure to pillage and looting or vandalism
- Unusual or extreme **exposure from aircraft or vehicles** (Alley traffic, lack of barriers)
- Are there any **trees or tree limbs** overhanging or contacting the **dwelling or any outbuilding?**
- Any other excessively hazardous physical conditions?

Yes	No	Explanation
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments / Explanations

Name of Person Contacted:

Name of Inspector:

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Application # _____

LIABILITY FEATURES

PART I Are the following in GOOD & SAFE condition? If any item does not exist, list N/A. If NO for any item, amplify or explain.

	YES	NO	EXPLANATION
1. Steps & Stairways	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Handrails as needed (<i>porches or steps ≥ 36"</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Two exits each apartment	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Gutters & Downspouts	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Sump Pump Present?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Outbuildings, gazebos, etc... on same premises? (<i>If yes, include photo of each</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
(a) <i>Are outbuildings locked & secured?</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(b) <i>Are they anchored or tied down?</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Porches, decks or patios	<input type="checkbox"/>	<input type="checkbox"/>	_____

UNUSUAL EXPOSURES

PART II Exposure items. If YES for any item, amplify or explain

	YES	NO	EXPLANATION
A. Is the property a seasonal/summer home?	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Are there any pools, ponds or large fountains ?	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. <i>Are they surrounded by a fence?</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
ii. <i>Is the fence's gate padlocked?</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Is there any business conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. Is this a daycare center or personal care home? If so, how many clients do they have & how many are they licensed to care for?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Number of Clients--</i> _____ <i>Number licensed for--</i> _____
E. Does the applicant own any dogs or large, dangerous animals? (Horses , iguanas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<i>List Species or Breed(s)—</i>
i. <i>Vicious or harmful?</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
ii. <i>Has it ever harmed anyone?</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
F. Are there junked cars or appliances in the yard?	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. <i>Are they locked?</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
G. Are there any full time residence employees?	<input type="checkbox"/>	<input type="checkbox"/>	_____
H. Is the property in litigation?	<input type="checkbox"/>	<input type="checkbox"/>	_____
I. Do downspouts discharge water onto walkways?	<input type="checkbox"/>	<input type="checkbox"/>	_____
J. Is there any property condition that is in violation of local safety & health standards	<input type="checkbox"/>	<input type="checkbox"/>	_____
K. Any illegal activity conducted on premises?	<input type="checkbox"/>	<input type="checkbox"/>	_____
L. Are there any piers or boat docks present?	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. <i>Are they secured with a locked fence or gate?</i>	<input type="checkbox"/>	<input type="checkbox"/>	_____
M. Is there a trampoline , tree-fort or swing set on the property?	<input type="checkbox"/>	<input type="checkbox"/>	_____