

Date of Inspection: \_\_\_\_\_ **ASTON TOWNSHIP** Time: \_\_\_\_\_

### CERTIFICATE OF OCCUPANCY INSPECTION

5021 Pennell Road Aston, PA 19014 Ph: 610-494-0384 Fax: 610-494-8853

Folio #: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Settlement Date: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

SELLER: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

BUYER: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

AGENT: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PASS FAIL**

**PASS FAIL**

1. <input type="checkbox"/> <input type="checkbox"/> Address Numbers: Affixed to exterior of building, 4" high, visible/contrasting background.	8. <input type="checkbox"/> <input type="checkbox"/> GFCI's: Electrical Ground. Installed and must function. <input type="checkbox"/> <input type="checkbox"/> Electric - Visual Inspection - Panel Box (Underwriter Sticker).
2. <input type="checkbox"/> <input type="checkbox"/> Plumbing: Sewer Vent Cap Installed (mushroom type cap or equivalent). <input type="checkbox"/> <input type="checkbox"/> Water Heater: Relief Valve Extension T&P - Within 6 in. off floor. <input type="checkbox"/> <input type="checkbox"/> Sump Pump Not Connected to Sewer.	9. <input type="checkbox"/> <input type="checkbox"/> Doors/Locks: No key operated locks or dead bolts.
3. <input type="checkbox"/> <input type="checkbox"/> Curbing. <input type="checkbox"/> <input type="checkbox"/> Sidewalks.	10. <input type="checkbox"/> <input type="checkbox"/> Interior Hand Rails/Stairs/Guard Rails.
4. <input type="checkbox"/> <input type="checkbox"/> Bathroom: Vent or Window.	11. <input type="checkbox"/> <input type="checkbox"/> Smoke Detector: One in each bedroom.
5. <input type="checkbox"/> <input type="checkbox"/> Decks: In good repair and properly attached.	12. <input type="checkbox"/> <input type="checkbox"/> Smoke Detectors: One per level (outside bedrooms).
6. <input type="checkbox"/> <input type="checkbox"/> Exterior Steps, Porch, Hand Rails/Guard Rails.	13. <input type="checkbox"/> <input type="checkbox"/> Carbon Monoxide Alarm: Immediate vicinity outside of bedrooms. <input type="checkbox"/> <input type="checkbox"/> Carbon Monoxide Alarms: One per level.
7. <input type="checkbox"/> <input type="checkbox"/> Dryer Vent: Must discharge to exterior; 8ft flex metal at dryer connection; balance must be stiff pipe.	14. <input type="checkbox"/> <input type="checkbox"/> Property Connected to Public Water. <input type="checkbox"/> <input type="checkbox"/> Property Connected to Public Sewer.

General Comments: \_\_\_\_\_

*NOTE: This is a limited visual safety inspection of the property.*

**AS-IS-SALE/ LETTER OF TRANSFER:** Buyer and seller understand and agree property is being transferred in an **as-is condition** and may not meet all International Building Code requirements administrated by Aston Township. Occupancy of the property is **PROHIBITED** until the dwelling is brought into full compliance. Once a final inspection of the property has been completed and approved, a Certificate of Occupancy will then be issued.

Seller: \_\_\_\_\_

Buyer: \_\_\_\_\_

\$100.00 RE-INSPECTION REQUIRED:  YES  NO

PASS \_\_\_\_\_ DATE: \_\_\_\_\_

Township Inspector

Signature for Inspection