

Date of Inspection: _____ **ASTON TOWNSHIP** Time: _____

RESIDENTIAL PROPERTY TRANSFER 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.	5. <input type="checkbox"/> <input type="checkbox"/> GFCI's: (Where installed they must function.) <input type="checkbox"/> <input type="checkbox"/> Electric (Visual inspection of exposed wiring.)
2. <input type="checkbox"/> <input type="checkbox"/> Plumbing: (Visual inspection of exposed plumbing.)	6. <input type="checkbox"/> <input type="checkbox"/> Doors/Locks: Deadbolts must not be keyed on the inside – thumb locks only.
	7. <input type="checkbox"/> <input type="checkbox"/> Termite Inspection on file.
3. <input type="checkbox"/> <input type="checkbox"/> Curbing: <input type="checkbox"/> <input type="checkbox"/> Sidewalks:	8. <input type="checkbox"/> <input type="checkbox"/> Property Connected to Public Water. <input type="checkbox"/> <input type="checkbox"/> Property Connected to Public Sewer.
4. <input type="checkbox"/> <input type="checkbox"/> Carbon Monoxide Alarm: Outside each sleeping area. <input type="checkbox"/> <input type="checkbox"/> Carbon Monoxide Alarm: In each bedroom where a fuel-burning appliance is installed.	9. <input type="checkbox"/> <input type="checkbox"/> Smoke Detector: One in each bedroom. <input type="checkbox"/> <input type="checkbox"/> Smoke Detector: One outside each sleeping area. <input type="checkbox"/> <input type="checkbox"/> Smoke Detector: One each additional level.
10. <input type="checkbox"/> <input type="checkbox"/> International Property Maintenance Code Violations (Any major violations of the International Property Maintenance Code.)	

General Comments: _____

AS-IS-SALE/ LETTER OF TRANSFER: Buyer and seller understand and agree property is being transferred in an "**as-is condition**". Occupancy of the property is **PROHIBITED** until all life-safety violations have been brought into compliance. Once a final inspection of the property has been completed and approved, a Township Certificate of Occupancy will be issued.

NOTE: THIS IS A LIMITED VISUAL INSPECTION OF THE PROPERTY AS PER TOWNSHIP ORDINANCE.

This inspection does not constitute an implied warranty of habitability and does not guarantee the premises are free from structural defects or that the workmanship is satisfactory.

FAIL _____ \$100.00 RE-INSPECTION REQUIRED: YES NO PASS _____ DATE: _____

Township Inspector

Signature for Inspection