

**ASTON TOWNSHIP RENTAL PROPERTY INSPECTION**  
2 New Road, Suite 123, Aston, PA 19014 Phone -610-494-0384 Fax- 610-494-8853

Initial Inspection Date: \_\_\_\_\_ Time: \_\_\_\_\_ Re-inspection Date: \_\_\_\_\_ Time: \_\_\_\_\_

Folio #: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Student Housing: Yes No Single Duplex Quad Other \_\_\_\_\_

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

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Tenant: #1: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Tenant: #2: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Tenant: #3: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Tenant: #4: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Agent/Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Pass / Fail

Pass / Fail

- |  |   |
|--|---|
| <p>1. <input type="checkbox"/> <input type="checkbox"/> Address Numbers: Affixed to exterior of building, 4" high/visible/contrasting background</p> <p>2. <input type="checkbox"/> <input type="checkbox"/> Plumbing: Sewer vent cap installed (mushroom type cap or equivalent)</p> <p>3. <input type="checkbox"/> <input type="checkbox"/> Public sidewalks in safe condition</p> <p>4. <input type="checkbox"/> <input type="checkbox"/> Curb at street in good repair</p> <p>5. <input type="checkbox"/> <input type="checkbox"/> Exterior decks/handrails/stairs in good repair</p> <p>6. <input type="checkbox"/> <input type="checkbox"/> Exterior porches in good repair</p> <p>7. <input type="checkbox"/> <input type="checkbox"/> Interior steps/handrails in place and in good repair – mounted at proper height 34" min. to 38" max.</p> <p>8. <input type="checkbox"/> <input type="checkbox"/> Bathroom has working exhaust fan over window</p> <p>9. <input type="checkbox"/> <input type="checkbox"/> Water heater: Relief valve extension drops to between 6 in. and 9 in. from floor</p> <p>10. <input type="checkbox"/> <input type="checkbox"/> Electrical: Visible inspection for recent work or tampering/missing breakers/fuses</p> | <p>11. <input type="checkbox"/> <input type="checkbox"/> Dry vent must discharge to exterior: 8 ft. max. ex metal at roof; balance must be stiff pipe.</p> <p>12. <input type="checkbox"/> <input type="checkbox"/> Installed GFCI's must function properly - kitchen/bath/laundry exterior</p> <p>13. <input type="checkbox"/> <input type="checkbox"/> Sump pump must discharge to the exterior, not to sewer system drains</p> <p>14. <input type="checkbox"/> <input type="checkbox"/> Exit door bolts – Thumb locks only</p> <p>15. <input type="checkbox"/> <input type="checkbox"/> Charged fire extinguisher mounted in accessible location in kitchen</p> <p>16. <input type="checkbox"/> <input type="checkbox"/> In multi-family units - charged fire extinguisher(s) in shared halls, laundry, etc.</p> <p>17. <input type="checkbox"/> <input type="checkbox"/> <b>Smoke Detectors:</b> 1 each bedroom/ 1 outside sleeping areas /1 each additional level</p> <p>18. <input type="checkbox"/> <input type="checkbox"/> <b>Carbon Monoxide Alarms:</b> 1 outside each sleeping area /1 near fuel burning appliances</p> <p>19. <input type="checkbox"/> <input type="checkbox"/> Exterior building maintenance</p> <p>20. <input type="checkbox"/> <input type="checkbox"/> Interior building maintenance</p> |
|--|---|

NOTE: THIS IS A LIMITED VISUAL INSPECTION OF THE PROPERTY. NUMBER OF BEDROOMS: \_\_\_\_\_

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

FAIL \_\_\_\_\_ RE-INSPECTION FEE REQUIRED: YES \_\_\_\_\_ NO \_\_\_\_\_ PASS \_\_\_\_\_ DATE: \_\_\_\_\_

Township Inspector: \_\_\_\_\_ Signature Owner/Manager/Tenant: \_\_\_\_\_