

**SPRING CITY  
HOUSING STANDARDS APPLICATION FORM**

**TO BE COMPLETED BY APPLICANT:**

<b>Property Owner:</b> _____ <b>Address:</b> _____ _____ <b>Phone No.:</b> _____ <b>Date of Settlement</b> _____ _____	<b>Agent:</b> _____ <b>Address:</b> _____ _____ <b>Phone No:</b> _____ _____
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<b>Type:</b> _____ 1 – family      _____ multi family (no. of units) _____ 2 – family      _____ rooming house (no. of rooms)	<b>Construction:</b> no. of stories above grade _____ no. of stories below grade _____
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**MUST BE FILLED OUT BY APPLICANT (WILL BE VERIFIED BY INSPECTION BY BOROUGH CODE OFFICIAL). INSPECTION TO CHECK FOR MINIMUM STANDARDS AND OPERABILITY:**

<u>BASIC FACILITIES:</u>	<u>YES</u>	<u>NO</u>	<u>ELECTRIC SERVICE</u>	<u>YES</u>	<u>NO</u>
1. Kitchen Facilities			1. Minimum of (2) wall outlets and (1) light in each habitable room.		
Sink	_____	_____			
Stove	_____	_____			
Refrigerator	_____	_____	2. All outside receptacles and receptacles adjacent to sinks Must be GFCI protected.	_____	_____
Cabinet or Shelves	_____	_____			
2. Room affording privacy with properly operating:			3. Smoke Detectors (minimum one each floor)	_____	_____
Toilet	_____	_____			
Lavatory Sink	_____	_____	4. Electrical Service capacity (amps) _____	_____	_____
Bathtub or Shower	_____	_____			
3. Water heater pressure relief valve extension tube must be within 12 inches from floor	_____	_____	<u>SAFE, SANITARY, MAINTENANCE</u>		
4. Heating System	_____	_____	1. Every public walkway and drive-way entrance must be free of cracks, breaks and tripping hazards & in good repair.	_____	_____
5. Central Air	_____	_____			
6. Safe unobstructed means of exit leading directly to ground level.	_____	_____	2. Every foundation roof, exterior wall, door, skylight & windows in good repair.	_____	_____
7. Handrails, ballisters, stairways, decks and porches are in good repair.	_____	_____			
8. House no. clearly displayed.	_____	_____	3. Every interior wall, ceiling inside & outside porches, stairs & appurtenances are safe and in good repair.	_____	_____
			4. Sump Pump	_____	_____

Date Applicant Made Inspection: \_\_\_\_\_

Inspection Date by Code Official: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Inspector's Signature \_\_\_\_\_

Applicant's Name Printed \_\_\_\_\_

Inspector's Name Printed \_\_\_\_\_