

Collegeville Borough

610-489-9208 • info@borough.collegeville-pa.gov

TO BE COMPLETED BY THE BOROUGH

Date of Inspection: _____ Unit: _____

Property Address: _____ Use Clarification: _____ Construction Type: _____

Maximum Occupancy	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Interior Stairs/Handrails	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Ceilings/Floors	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Smoke Detectors	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Carbon Monoxide Detectors	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Locking Devices on Doors	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Fire Extinguishers	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Required Means of Egress	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Clothes Dryer Vented	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Sanitary Toilets/Sinks	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Electrical	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
GFI Receptacles	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Cooking Range	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Heater/Water Heater	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Sump Pump	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Back Flow Preventer	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
House Number	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Foundation	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Chimney	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Exterior Stairs/Rails	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Doors/Windows	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Roof Drains/Gutters/Downspouts	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Accessory Structures/Fences	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Weeds/Overgrowth	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Trash/Debris/Combustibles	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Sidewalks/Curbs/Driveway/Parking	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____

Passed Inspection Yes No

Re-inspection Required Yes No

Inspector: _____

Signature: _____