

RE-616
5/3/2017

STATE OF OHIO
DEPARTMENT OF TRANSPORTATION
RELOCATION ASSISTANCE
DWELLING INSPECTION
(Decent, Safe & Sanitary)

County: MUS
Route: 376
Section: 5.09
Parcel No: 010-1
PID No: 115989

Name of Occupant: Thomas Rodgers, Hope Miller
Address of Dwelling to be inspected: _____

Housing Type: _____

| | |
|-----------------------------|---------------------------------|
| Number of Occupants: | Description of Dwelling: |
| # of Male Adults: _____ | Total No. of Rooms: _____ |
| # of Female Adults: _____ | No. of Bedrooms: _____ |
| # of Male Children: _____ | No. of Bathrooms: _____ |
| # of Female Children: _____ | |

Total # of Occupants: 0

General Conditions of the Replacement Dwelling:

- Adequate water supply?: _____
- Adequate sewage disposal system?: _____
- Building structurally sound?: _____
- Adequate living space?: _____
- Adequate heating system?: _____
- Adequate electrical system?: _____
- Meets egress requirements?: _____

Kitchen Features:

- Sink in good working order?: _____
- Sink connected to hot/cold water?: _____
- Utility service connections?: _____
- Space for installing appliances?: _____

Bathroom Features:

- Separate bathroom area?: _____
- Ventilated?: _____
- Tub or shower?: _____
- Hot and cold water?: _____
- Sink in good working order?: _____
- Affords privacy?: _____
- Well lighted?: _____

Comments : (Please explain any variances of above)

AGENCY CERTIFICATION

I hereby certify that the dwelling located at the above address has been inspected by me and that it presently meets the standards for Safe and Sanitary Housing. A determination by the undersigned that a dwelling meets the standards for decent, safe and sanitary housing made solely for the purpose of determining the eligibility of relocated individuals and families for payment under the Relocation Program and is not a representation for any other purpose.

THE DEPARTMENT ASSUMES NO RESPONSIBILITY OR LIABILITY FOR ANY PROBLEMS WHICH MAY ARISE WITH THE PROPERTY.

Inspected By: _____ Date: _____

CONFORMS TO LOCAL CODE INSPECTION:

Local Public Agency: _____ Inspector: _____ Date: _____

DISPLACEE ACKNOWLEDGEMENT

I understand that this report is made solely for the purpose of determining my eligibility for a replacement housing payment; that this report, the representations, conversations, assurances or statements of the State's representative do not provide an assurance, guarantee or warranty that there are not deficiencies in the dwelling, or that its fixtures or equipment meet or conform to building codes or requirements of any political subdivision of this State which has jurisdiction over such matters. I further understand that THE OHIO DEPARTMENT OF TRANSPORTATION DOES NOT ASSUME ANY LIABILITY OR RESPONSIBILITY FOR STRUCTURAL, MECHANICAL OR UNFORESEEN PROBLEMS WHICH MAY ARISE AT ANY TIME WITH THE PROPERTY.

Displaced Person Signature: _____ Date: _____