

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: 883 Goddard Street  
Zanesville, OH

Housing Type: 2-Story Single Family

**Number of Occupants:**

# of Male Adults: 1  
# of Female Adults: 1  
# of Male Children: \_\_\_\_\_  
# of Female Children: \_\_\_\_\_  
Total # of Occupants: 2

**Description of Dwelling:**

Total No. of Rooms: 6  
No. of Bedrooms: 3  
No. of Bathrooms: 1

**General Conditions of the Replacement Dwelling:**

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

**Kitchen Features:**

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

**Bathroom Features:**

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

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: [Signature]

Date: 6/7/24

**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: \_\_\_\_\_

[Signature]

Date: 6/7/24