

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: 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

Completed when I
visited Thomas Jr.
He told me he
was renting this
location.
I did not have him
sign b/c no lease.

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: 3/22/24

CONFORMS TO LOCAL CODE INSPECTION:

Local Public Agency: _____ Inspector: _____ Date: _____

DISPLACED 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: _____