DEPARTMENT OF TRANSPORTATION RELOCATION ASSISTANCE DWELLING INSPECTION (Decent, Safe & Sanitary) Name of Occupant: Address of Dwelling to be inspected: S83 Goddard Street		STATE OF OH	IO	County:	MUS
RELOCATION ASSISTANCE DWELLING INSPECTION (Decent, Safe & Sanitary) Name of Occupant: Address of Dwelling to be inspected: Sast Goddard Street	DEPARTME	NT OF TRANS	SPORTATION	Route:	376
DWELLING INSPECTION				Section:	5.09
Name of Occupant: Address of Dwelling to be inspected: **B33 Goddurd Street** **Zanesville, OH** **Housing Type: **Propose Total No. of Rooms: **## of Pemale Adults: **## of Pemale Adults: **## of Pemale Adults: **## of Female Children: **## of Female Children: **## of Female Children: **## of Pemale Children: **## of Pemale Children: **## of Pemale Children: **## of Pemale Children: **## Total No. of Rooms: **## of Pemale Children: **## Total No. of Bedrooms: **## No. of Bathrooms: **## Total No. of Bedrooms: **## No. of Bathrooms: **## Total No. of Bedrooms: **## No. of Bathrooms: **## Total No. of Bedrooms: **## No. of Bathrooms: **## Total No. of Rooms: **## Of Pemale Children: **## Total No. of Rooms: **## Of Pemale Children: **## Total No. of Rooms: **## Of Pemale Children: **## Total No. of Rooms: **## Of Pemale Children: **## Total No. of Rooms: **## Of Pemale Children: **## Total No. of Rooms: **## Of Pemale Children: **## Total No. of Rooms: **## Of Pemale Children: **## Total No. of Rooms: **## Of Pemale Children: **## Total No. of Rooms: **## Of Pemale Children: **## Total No. of Rooms: **## Of Pemale Children: **## Total No. of Rooms: **# Of Pemale Children: **# Total No. of Rooms: **# Of Pemale Children: **# Total No. of Rooms: **# Of Pemale Children: **# Total No. of Rooms: **# Of Pemale Children: **# Total No. of Rooms: **# Of Pemale Children: **# Total No. of Rooms: **# Of Pemale Children: **# Total No. of Rooms: **# Of Male Children: **# Total No. of Rooms: **# Of Male Children: **# Total No. of Rooms: **# Of Male Children: **# Total No. of Rooms: **# Of Male Children: **# Total No. of Rooms: **# Of Male Children: **# Total No. of Rooms: **# Of Male Children: **# Total No. of Rooms: **# Of Male Children: **# Total No. of Rooms: **# Of Male Children: **# Total No. of Rooms: **# Of Male Children: **# Total No. of Rooms: **# Of Male Children: **# Total No. of Rooms: **# Of Male Children: **# Total No. of Rooms: **# Of				_	
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: Total No. of Rooms: 6 No. of Bedrooms: 3 No. of Bedrooms: 1 No. of Rooms:					
Address of Dwelling to be inspected: 883 Goddard Street Zamesville. OH Housing Type: 2-Story Single Family Number of Occupants:	(Dec	cent, Safe & Sar	nitary)	PID No:	11598
Address of Dwelling to be inspected: 883 Goddard Street Zamesville. OH Housing Type: 2-Story Single Family Number of Occupants:		IV N.Ciller			
Housing Type: 2-Story Single Family					
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CONFORMS TO LOCAL CO	DDE 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.

Di-land Dawson Cignotures	Date:
Displaced Person Signature:	Date.