

ReBUILD NC
SINGLE FAMILY HOUSING RECOVERY PROGRAM
DSS (Decent, Safe & Sanitary)
DWELLING INSPECTION

APP ID: _____

Applicant name: _____
Property address: _____

Description of Dwelling:

Total No. of Rooms: _____

No. of Bedrooms: _____

No. of Bathrooms: _____

General Conditions of the Replacement Dwelling:

YES NO N/A

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: _____