



Summary Inspection Form

Use this form to provide inspection information and results of the four mandatory program inspections.

Indicate which type of inspection completed:

- Pier
 Private Bridge

- Fire Escape and Fire Escape Balcony
 Exterior Wall and Appurtenance

Property Information

- a) Provide the property address where the inspection was performed. Address must be the address assigned by OPA.
- b) Indicate the type of occupancy and if the property is listed as historic.
- c) Indicate the year constructed and the date of the inspection report.

1

a) Address: _____

b) Occupancy Type: _____ Designated as Historic: YES NO

c) Year Constructed: _____ Inspection Report Date: ____ / ____ / ____

Building Owner/Owner's Agent

Provide the contact information for the owner/owner's agent.

2

Name _____

Address _____

Email _____

Phone _____

Professional Performing and Responsible for Inspection

- a) Provide the contact information for the professional responsible for the inspection and the professional report.
- b) Provide company information for the professional.

3

(a) Professional Information

Name _____

License Number _____

Email _____

Phone _____

(b) Company Information

Company Name _____

Address _____

Email _____

Phone _____

Description of Inspection Conducted

- a) Pier
- b) Private Bridge

4

(a) Pier

Principal Function: _____

(b) Private Bridge

- Pedestrian Vehicular Equipment Only
- Bridge located entirely on address "A" Bridge connects address "A" to address "B"

Address "A" _____

Address "B" _____

Clearance above Right of Way spanned: _____



Description of Inspection Conducted (cont.)

- c) Fire Escape and Fire Escape Balcony

The Professional shall post a weather-resistant reflective tag that identifies the inspection date, the date by which a new inspection is required, and name, address, and telephone number of inspector or inspection business.
- d) Exterior Wall and Appurtenance

4

c) Fire Escape and Fire Escape Balcony

Number of stories of structure: _____ Height: _____

Fire escape/balcony tagged: _____

Location of fire escapes/balconies: _____

d) Exterior Walls and Appurtenances

Number of stories of structure: _____ Height: _____

Exterior wall type: _____

Structural Assessment Rating

Select the structural assessment rating based upon the inspection results. The definition of each rating category is located under the assessment rating.

Safe w/Repair & Maintenance Program

When this structural assessment rating is selected, the structural capacity will not result in a significant reduction for a period of at least **six months** from the date of the inspection. The time period for repairs may not exceed **six months**. When repairs are completed and a "safe" structural assessment is deemed, the Professional shall submit a new inspection form.

5

SAFE

No visible damage or only minor to moderate defects or deterioration observed, but no overstressing observed. Structural elements may show very minor deterioration, but no overstressing observed. No repairs are required.

SAFE WITH REPAIR & MAINTENANCE PROGRAM

All primary structural elements are sound, but minor to moderate defects or deterioration observed. Areas of moderate to advanced deterioration may be present, but do not significantly reduce the capacity of the structure for a period of at least **six months** from the date of the inspection.

Required repairs must be described in an engineer's report and uploaded with this certification. The time period for repairs shall not exceed **six months (180 days)**. Upon completion of the repairs, the Professional shall complete a post repair inspection and submit a new inspection form.

UNSAFE /IMMINENT DANGER

A condition of which any part thereof this is dangerous to persons or property and in need of prompt remedial action. The engineer's report shall be submitted when this level of assessment rating is selected.

NOTE: The Department of Licenses & Inspections' Emergency Services Unit shall be notified by phone (215-686-2480) within 12 hours of discovery and a report containing details of the condition and recommended temporary safety measures shall be delivered to the Emergency Services Unit located at the Municipal Services Building, Room 1130.

For Owner/Owner Representative:

I hereby state that I am the owner / owner's representative of the premises referenced in the inspection report. Furthermore, I have received and read a copy of the full report and I am aware of the required repairs and/or maintenance and protective measures, if any, and the recommended time frame for same. I certify that all items noted for action in the previous cycle's report have been corrected / repaired.

Owner/Owner Representative Signature: _____ Date: ___ / ___ / ___

For Professional:

I hereby state that the owner / owner's representative has authorized the submission of this report on the owner / owner's representative behalf. Furthermore, I hereby state that all report requirements have been met and that all statements are correct and complete to the best of my knowledge. A copy of this report has been given to the owner / owner's representative.

Professional Signature: _____ Date: ___ / ___ / ___

