

9224 KENDALL DR

05511104

7/13/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

JK

APPLICATION FOR AN IMPROVEMENT PERMIT

Pd. 25.00 Cash 11-13-91 MB

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 7849A
TC: 055-111-04
SERIAL: № 0020730
☑ L ☑ CRT

JOB LOCATION

① ADDRESS: 9224 (STREET NO.) Kendall Dr (STREET) ② FILE:
③ JURISDICTION: Char. N.C. Meck ④ TAX PARCEL NO.: 055-111-04
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Kirkpatrick (FIRST) Cleave (MIDDLE) Carr (LAST)
⑨ MAILING ADDRESS: 8355 Rocky River Rd
⑩ CITY: Harrisburg N.C. ⑪ STATE: N.C. ⑫ ZIP: 28075
⑬ PHONE: (WORK) 845-3533 ⑭ (HOME) 455-1370

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) Move on Home use existing ~~septic~~ system

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? ~~4~~ 3
㉕ Type?
㉓ Maximum occupancy? 5
㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☑ no
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☑ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Cleave Kirkpatrick Carr

Date: 11-13-91

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 60 months from the date of issuance. House burned May use existing system.

Environmentalist — Date 11/18/91

Director or Authorized Section Head — Date 11-19-91

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

JK.

Pd. 25.00
Cash
11-13-91
NDB

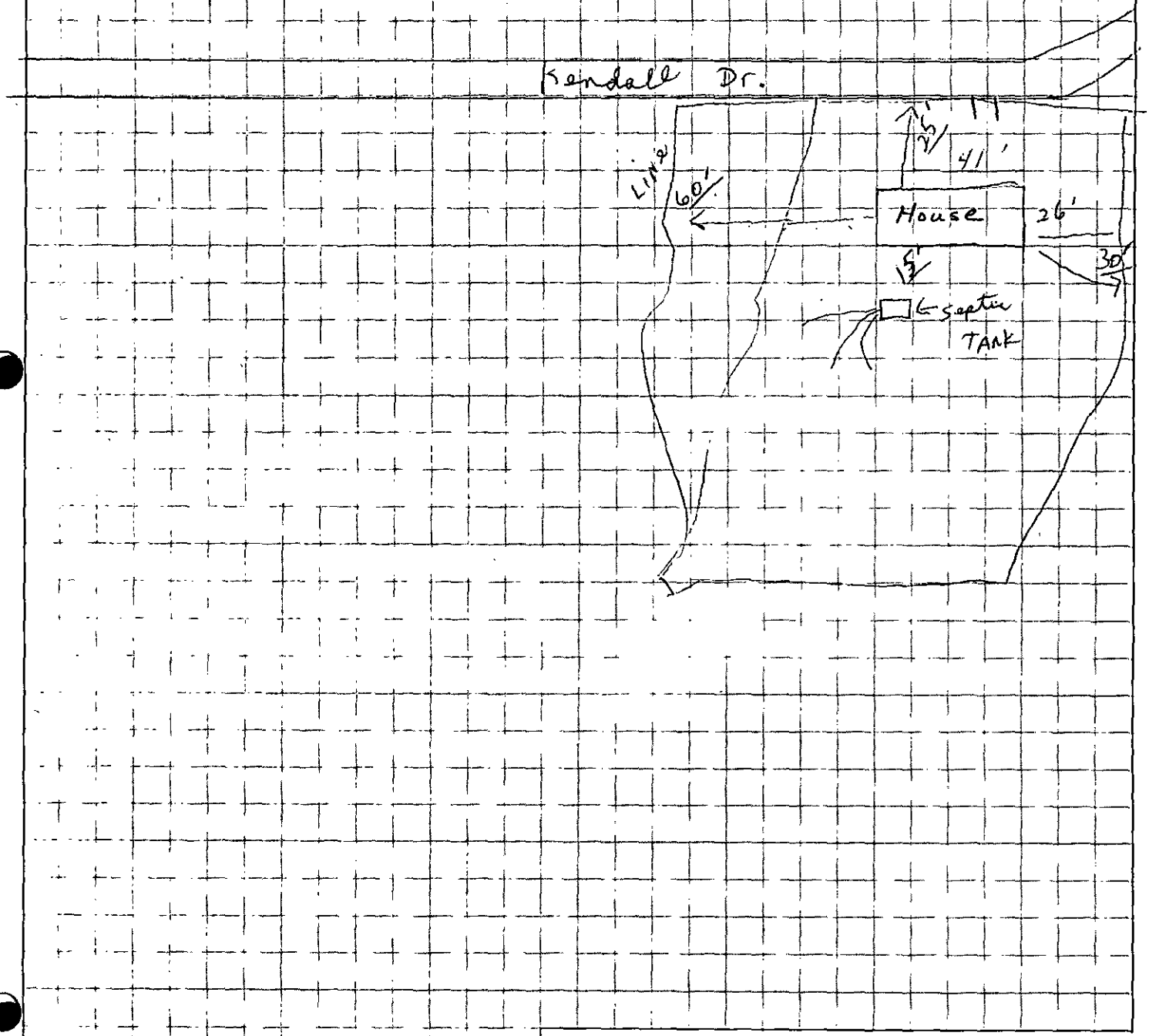
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7849A

TC: 055-111-04

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

7847A

CHARLOTTE

Judy
9224 Kendall Drive

SECTION 8 NO.		CENSUS TRACT
		60.01
REQ. DATE		
STREET NUMBER: 9224	STREET DIR	ZIP
TENANT'S NAME		NUMBER
TAX CODE: 055-111-04		DEMO COST
OWNER NAME: Cleave		NUMBER
OWNER ADDRESS: 9224		ZIP: 28214
PROPERTY MANAGER		TELEPHONE NUMBER ( )
ADDRESS	CITY	STATE / ZIP

REQUEST FOR SERVICE

11 COMPLAINT	13 SECTION 8 X	15 FIRE	17 RELOCATION	19 PUBLIC AGENCY	REQUEST FOR SERVICE DATE	RECEIVED BY
12 FIELD OBS	14 FHA/VA	16 REHAB	18 PETITION		7 / 22 / 91	N/A

INITIAL INSPECTION

21 INITIAL INSPECTION X	INSPECTION DATE	INSPECTOR NAME	INSPECTOR NUMBER
	7 / 22 / 91	M. Allison	75838

COMPLAINT AND NOTICE

31 UNFIT X	32 DANGEROUS X	43 RELOCATION REQUESTED X	44 PERMIT LETTER RQSTD.

40 HEARING SCHEDULED X	ATTENDED HEARING:	TIME	DATE
		9:30	8 / 30 / 91

FINDING OF FACT

51 REPAIR/ALTER/IMPROVE	52 VACATE/CLOSE	53 DEMOLISH	FOF COMPLIANCE DATE
			/ /

55 1ST EXTENSION	56 2ND EXTENSION	57 3RD EXTENSION	58 SUPPL FOF	59 EXTENSION DENIED
/ /	/ /	/ /	/ /	/ /

	RSN	Y/N	RSN	Y/N	RSN	Y/N	RSN	Y/N	RSN
INSP		Y/N		Y/N		Y/N		Y/N	
CHIEF		Y/N		Y/N		Y/N		Y/N	

REASON CODES
1 = FUNDS 4 = PERSONAL
2 = WORKERS 5 = TENANT ABUSE
3 = SUPPLIES 6 = OTHER

CIVIL PENALTY ACTIONS

61 FIRST PENALTY	62 IN REM NOTICE	63 FINAL PENALTY NOTICE

CONCLUSION

CONCLUSION DATE / /	INSPECTOR NAME	INSPECTOR NUMBER

91 DISMISSED/NO VIOL.	93 COMPLIANCE/REPAIRS COMPLETED	96 IN REM REPAIR	00 NON LEGAL
92 DISMISSED/OTHER	95 DEMOLISH DWELLING	97 IN REM DEMOLITION	

REINSPECTIONS

	1	2	3	4	5	6
DATE						
INSPECTOR NUMBER						
PERCENT COMPLETE						

FOR SECTION 8 INSPECTIONS ONLY

HOUSING TYPE

☐ MANUFACTURED HOME ☐ DUPLEX OR TWO FAMILY
☐ SINGLE FAMILY ☐ GARDEN OR TOWN HOUSE
☐ OTHER

NUMBER OF ROOMS USED FOR SLEEPING (OR COULD BE USED FOR SLEEPING IF VACANT) ( )

NUMBER OF PERSONS OCCUPYING UNIT (IF OCCUPIED) ( )

UTILITY COMBINATIONS & APPLIANCES

TYPE OF HEAT ☐ GAS ☐ ELEC. ☐ OIL ☐ OTHER
UTILITIES INCLUDED ☐ WATER ☐ SEWAGE ☐ OTHER

TYPE OF WATER HEATER ☐ GAS ☐ ELEC. ☐ OTHER

TYPE OF CONNECTION FOR RANGE ☐ GAS ☐ ELEC.
APPLIANCES INCLUDED ☐ RANGE ☐ REFRI. ☐ OTHER

1 GAL MOBILE

11-01-90

CASE NO. _____ ADDRESS _____

	Standard	Violation	Date Approved	Estimated Cost
ROOM:				
DOOR: lock/hardware ☐ operation ☐ trim ☐ damage ☑ _____ ☐		✓		
ELECTRICAL: switches ☐ fixtures ☐ receptacles ☐ cover plate missing ☑ _____ ☐		✓		
FLOOR: covering loose/missing ☑ holes ☐ cracks ☐ unclean ☐ decay ☐ _____ ☐		✓		
WALLS: peeling paint ☐ covering loose/missing ☐ holes ☐ cracks ☐ unclean ☐		✓		
decay ☐ _____ ☐				
CEILING: peeling paint ☐ covering loose/missing ☐ holes ☐ cracks ☐ unclean ☐		✓		
decay ☐ _____ ☐				
WINDOWS: locks ☐ operation ☐ weathertight ☐ broken pane ☐ sills/sash/trim ☐		✓		
decay ☐ _____ ☐				
EXCESSIVE BELONGINGS: _____ ☐				
OTHER: _____ ☐ OTHER: _____ ☐				
			Sub Total	
KITCHEN:				
ELECTRICAL: switches ☐ fixtures ☐ receptacles ☐ cover plate missing ☐				
exhaust fan inoperable ☐ _____ ☐		✓		
FLOOR: covering loose/missing ☐ holes ☐ cracks ☐ unclean ☐ decay ☐ _____ ☐		✓		
WALLS: peeling paint ☐ covering loose/missing ☐ holes ☐ cracks ☐ unclean ☐		✓		
decay ☐ _____ ☐				
CEILING: peeling paint ☐ covering loose/missing ☐ holes ☐ cracks ☐ unclean ☐		✓		
decay ☐ _____ ☐				
WINDOWS: operation ☐ locks ☐ weathertight ☐ broken pane ☐ sills/sash/trim ☐		✓		
decay ☐ _____ ☐				
SINK: faucets ☐ p-trap ☐ _____ ☐		✓		
CABINETS: _____ ☐ OTHER: fire damage throughout ☐		✓		
			Sub Total	
BATHROOM:				
DOOR: locks/hardware ☐ operation ☐ trim ☐ damage ☐ _____ ☐		✓		
ELECTRICAL: switches ☐ fixtures ☐ receptacles ☐ exhaust fan inoperable ☐ _____ ☐		✓		
cover plate missing ☐ _____ ☐		✓		
FLOOR: covering torn/missing ☐ weak ☐ holes ☐ cracks ☐ unclean ☐ decay ☐ _____ ☐		✓		
WALLS: peeling paint ☐ covering loose/missing ☐ holes ☐ cracks ☐ unclean ☐		✓		
decay ☐ _____ ☐				
CEILING: peeling paint ☐ covering loose/missing ☐ holes ☐ cracks ☐ unclean ☐		✓		
decay ☐ _____ ☐				
WINDOWS: operation ☐ locks ☐ weathertight ☐ broken pane ☐ sills/sash/trim ☐		✓		
decay ☐ _____ ☐				
SINK: faucets ☐ p-trap ☐ vanity ☐ _____ ☐		✓		
TUB/SHOWER: faucets ☐ drain ☐ surround ☐ _____ ☐		✓		
TOILET: loose ☐ leaks ☐ cracked/broken tank or bowl, ☐ seat ☐ flush mechanism _____ ☐		✓		
OTHER: fire damage throughout ☐ OTHER: _____ ☐		✓		
			Sub Total	
HEATING:				
FURNACE/HEATER: inadequate/inoperable ☐ broken/missing thermostat ☐ flue ☐ thimble ☐		✓		
stove pipe ☐ _____ ☐				
OTHER: _____ ☐ OTHER: _____ ☐				
			Sub Total	
GENERAL:				
SPACE/USE: one room ≥ 150 s.f. ☐ Bedroom #1: ≥ 100 s.f. ☐ occupancy ☐ _____ ☐				
Bedroom #2: ≥ 70 s.f. ☐ occupancy ☐ Bedroom #3: ≥ 70 s.f. ☐ occupancy ☐ _____ ☐				
SMOKE DETECTOR: missing ☐ inoperable ☐ _____ ☐				
WATER HEATER: inoperable ☐ improperly vented ☐ pop-off valve/piping ☐ wiring ☐ _____ ☐		✓		
ATTIC: insulate to R-19 ☐ sheathing ☐ rafters ☐ joists ☐ _____ ☐		✓		
OTHER: _____ ☐ OTHER: damage by fire ☐		✓		
INFESTATION: termites ☐ roaches ☐ other insects ☐ rodents ☐ _____ ☐		✓		
			Sub Total	

CASE NO. _____ ADDRESS _____

	Standard	Violation	Date Approved	Estimated Cost
FRONT ENTRANCE:				
STEPS: risers ☐ treads ☐ railing loose/missing ☐ _____ ☐				
PORCH: floor ☐ railing loose/missing ☐ ceiling ☐ light fixture ☐ decay ☑ burnt _____ ☐		✓		
SCREEN/STORM DOOR: hardware ☐ operation ☐ broken glass ☐ _____ ☐				
screen missing/torn ☑ _____ ☐		✓		
ENTRY DOOR: locks/hardware ☐ operation ☑ weatherstripping ☑ trim ☐ threshold ☑		✓		
damage ☐ destroy by fire _____ ☐		✓		
OTHER: Delapidated by fire ☐ OTHER: _____ ☐		✓		
			Sub Total	
LIVING ROOM:				
ELECTRICAL: switches ☑ fixtures ☑ receptacles ☑ cover plate missing ☑ _____ ☐		✓		
FLOOR: covering loose/missing ☑ holes ☑ cracks ☑ unclean ☑ decay ☐ _____ ☐		✓		
WALLS: peeling paint ☑ covering loose/missing ☑ holes ☐ cracks ☑ unclean ☑ _____ ☐		✓		
decay ☐ _____ ☐				
CEILING: peeling paint ☑ covering loose/missing ☑ holes ☑ cracks ☑ unclean ☑		✓		
decay ☐ _____ ☐				
WINDOWS: locks ☑ operation ☑ weathertight ☑ broken pane ☑ sills/sash/trim ☑		✓		
decay ☐ _____ ☐				
EXCESSIVE BELONGINGS: Fire damage ☐		✓		
OTHER: _____ ☐ OTHER: Fire damaged throughout ☐		✓		
			Sub Total	
ROOM: Bedroom (4)				
DOOR: lock/hardware ☑ operation ☐ trim ☑ damage ☑ _____ ☐		✓		
ELECTRICAL: switches ☐ fixtures ☑ receptacles ☑ cover plate missing ☐ _____ ☐		✓		
FLOOR: covering loose/missing ☐ holes ☐ cracks ☑ unclean ☑ decay ☐ _____ ☐		✓		
WALLS: peeling paint ☑ covering loose/missing ☑ holes ☑ cracks ☑ unclean ☑		✓		
decay ☑ _____ ☐				
CEILING: peeling paint ☑ covering loose/missing ☑ holes ☑ cracks ☑ unclean ☑		✓		
decay ☐ _____ ☐				
WINDOWS: locks ☑ operation ☑ weathertight ☑ broken pane ☑ sills/sash/trim ☑		✓		
decay ☐ _____ ☐				
EXCESSIVE BELONGINGS: _____ ☐				
OTHER: _____ ☐ OTHER: All rooms damaged by fire ☐		✓		
			Sub Total	
ROOM:				
DOOR: lock/hardware ☑ operation ☑ trim ☑ damage ☑ _____ ☐		✓		
ELECTRICAL: switches ☑ fixtures ☑ receptacles ☑ cover plate missing ☑ _____ ☐		✓		
FLOOR: covering loose/missing ☑ holes ☐ cracks ☑ unclean ☑ decay ☐ _____ ☐		✓		
WALLS: peeling paint ☑ covering loose/missing ☑ holes ☑ cracks ☑ unclean ☑		✓		
decay ☐ _____ ☐		✓		
CEILING: peeling paint ☑ covering loose/missing ☑ holes ☑ cracks ☑ unclean ☑		✓		
decay ☐ _____ ☐				
WINDOWS: locks ☐ operation ☑ weathertight ☑ broken pane ☑ sills/sash/trim ☑		✓		
decay ☐ _____ ☐				
EXCESSIVE BELONGINGS: _____ ☐				
OTHER: _____ ☐ OTHER: _____ ☐				
			Sub Total	

CASE NO. ADDRESS

	Standard	Violation	Date Approved	Estimated Cost
REAR/SIDE ENTRANCE:				
STEPS: risers ☐ treads ☐ railing loose/missing ☐		✓		
PORCH: floor ☐ railing loose/missing ☐ ceiling ☐ light fixture ☐ decay ☐ damaged trim		✓		
SCREEN/STORM DOOR: hardware ☐ operation ☐ broken glass ☐		✓		
screen missing/torn ☐		✓		
ENTRY DOOR: locks/hardware ☐ operation ☐ weatherstripping ☐ trim ☐ threshold ☐		✓		
damage ☐		✓		
OTHER: ☐ OTHER: ☐				
			Sub Total	
EXTERIOR:				
ROOF: chimney ☐ roof covering ☐ leaks ☐ ventilation ☐ damage by fire ☐		✓		
GUTTERS: loose ☐ peeling paint ☐ downspout missing ☐ holes ☐ rust ☐ ☐				
FASCIA/SOFFIT/TRIM: peeling paint ☐ holes ☐ decay ☐ fire damage ☐		✓		
WALLS: siding loose/missing ☐ peeling paint ☐ holes ☐ decay ☐ fire damage ☐		✓		
WINDOWS/STORM WINDOWS: screens torn/missing ☐ frames bent/broken ☐ broken pane ☐		✓		
sills/sash/trim ☐ glazing missing/loose ☐ decay ☐ fire damage ☐		✓		
ELECTRICAL SERVICE: cover missing ☐ improper fuses/wiring ☐ box loose ☐ ☐				
FOUNDATION: bricks or mortar loose/missing ☐ cracks ☐ vents missing ☐ ☐				
vent screens missing ☐ access door/frame ☐ ☐				
CRAWL SPACE: ☐ piers ☐ ☐ sills ☐				
☐ joists ☐ ☐ girders ☐				
☐ subflooring ☐ wood stiff knees ☐ excess moisture ☐		✓		
FENCES: ☐ OUTBUILDINGS: ☐ ☐				
OTHER ☐ ☐				
OTHER ☐ ☐				
			Sub Total	
			Total	

DANGEROUS CONDITIONS (SPECIFY ROOM):

flooring ☐ wiring ☐ other: ☐
electrical fixtures ☐ switches ☐ other ☐
improper fuses ☐ ceilings ☐ other: ☐
walls ☐ heating ☐ ☐

Permits Required: Building ☐ Electrical ☐ Mechanical ☐ Plumbing ☐

These code violations are to be corrected in a competent, workmanlike manner. Poor workmanship will not be approved.

Extensions are possible if a written request explaining the need for more time is received before the compliance period expires.

Civil penalties are effective if all repairs are not approved by the Housing Rehabilitation Specialist on or before the compliance period expires.

M. Allison
Housing Rehabilitation Specialist

336-2390

T8499

CITY OF CHARLOTTE
COMMUNITY DEVELOPMENT DEPT.
Neighborhood Preservation
Division

Charlotte-Mecklenburg Government Center
600 E. Fourth Street, 5th Floor
Charlotte, NC 28202-2859
(704) 336-2751

CLEAVE KIRKPATRICK CARR
8355 ROCKY RIVER RD.
HARRISBURG, NC 28075

FINDINGS OF FACT AND ORDER

To: All owners and parties in interest in the property located at 9224 KENDALL DR in Charlotte, NC.

The property listed above has been inspected and has been found to be in violation of the Charlotte Housing Code. This matter was heard by the Community Development Department. The following FINDINGS OF FACT are made:

1. The above parties were duly served with a copy of the Complaint and Notice of Hearing in this matter.

2. The hearing was held on SEPTEMBER 11, 1991 at the Community Development Department, located at 600 East Fourth Street, Charlotte, NC.

3. The property referenced above is in violation of the Charlotte Housing Code in the following way:

   . This dwelling is in violation of one or more of the minimum standards of fitness.

4. The property referenced above:

   . cannot be repaired, altered, or improved at a cost of less than 65% of the value of the dwelling.

THEREFORE, IT IS HEREBY ORDERED:

On or before OCTOBER 11, 1991 the owner(s) shall:

1. VACATE AND CLOSE THIS DWELLING OR BUILDING AND REMOVE OR DEMOLISH THE SAME. The owner has the option of bringing the property into compliance with the Charlotte Housing Code by remedying the defects set forth in the FINDINGS OF FACT and specified in Exhibit A; however, the owner must submit WRITTEN NOTICE OF HIS/HER INTENT TO REPAIR THE PROPERTY TO THE DIRECTOR WITHIN 10 DAYS FROM THE DATE OF THIS ORDER. This order may then be supplemented to allow for the necessary repairs.

CASE: 9103090

APPEALS: This Order may be appealed to the Housing Appeals Board within 10 days from the date of service of this order by writing to the Director of the Community Development Department and the Housing Appeals Board (same address, listed above).

CIVIL PENALTIES: If your property has not been brought into compliance with the Charlotte Housing Code by the final date given (including extensions), civil penalties will begin to accrue at the rate of $100 for the first day following the final date for compliance and $10 per day thereafter until your property is in compliance.

FOR ADDITIONAL INFORMATION: For additional information, please read the enclosed Summary of THE CHARLOTTE HOUSING CODE ENFORCEMENT PROCESS. If you have any questions about the violation(s) cited or about the code enforcement process, you may call the Housing Rehabilitation Specialist listed below.

Today is September 13, 1991.

This property was inspected by:

M. ALLISON
Housing Rehabilitation Specialist
Telephone Number: 336-2390

Chief Housing Rehabilitation Specialist
Designated Agent

PROOF OF SERVICE OF THIS FINDINGS OF FACT AND ORDER

Service of the Findings of Fact and Order was made to CLEAVE KIRKPATRICK CARR
on September 13, 1991 by:

___ personally delivering a copy of the findings of fact and order
___ mailing a copy of the findings of fact and order by registered or certified mail.

Delivered by:

CASE: 9103090

CHARLOTTE.

Community Development Department
600 East Fourth Street Charlotte, N.C. 28202-2859
704/336-2751 FAX 704/336-3497

HOUSING INSPECTION CHECKLIST

SECTION 8 Nº.	REQ. DATE	CASE NUMBER	INSPECTOR NAME	INSPECTOR NUMBER	CENSUS TRACT
		91-3090	M. Allison	75838	60.01

STREET NUMBER	STREET DIR.	STREET NAME	STREET TYPE	APT.	ZIP
1124		Kendall	Dr.		28214

TENANT'S NAME	TENANT'S PHONE NUMBER
Donald McCollough	( ) 391-3027

TAX CODE	DEED NUMBER	LAND VALUE	BLDG. VALUE	REPAIR COST	DEMO COST
055-111-04	5542-961	11,000	2,500	21,925	

OWNER NAME	OWNER TELEPHONE NUMBER
Cleave Kirkpatrick Carr	( )

OWNER ADDRESS	CITY	STATE	ZIP
8355 Rocky River Rd.	Harrisburg	NC	28075

PROPERTY MANAGER	TELEPHONE NUMBER
	( )

ADDRESS	CITY	STATE	ZIP

REQUEST FOR SERVICE

11 COMPLAINT	13 SECTION 8	X 15 FIRE	17 RELOCATION	19 PUBLIC AGENCY	REQUEST FOR SERVICE DATE	RECEIVED BY
12 FIELD OBS	14 FHA/VA	16 REHAB	18 PETITION		7 / 22 / 91	N/A

INITIAL INSPECTION

X 21 INITIAL INSPECTION	INSPECTION DATE	INSPECTOR NAME	INSPECTOR NUMBER
	7 / 22 / 91	M. Allison	75838

COMPLAINT AND NOTICE

X 31 UNFIT X 32 DANGEROUS X 43 RELOCATION REQUESTED X 44 PERMIT LETTER POSTD.

X 40 HEARING SCHEDULED ATTENDED HEARING:

TIME	DATE	
9:30	~~8/30/91~~	No Show
8:00	9 / 11 / 91	

FINDING OF FACT

~~X~~ 51 REPAIR/ALTER/IMPROVE 52 VACATE/CLOSE X 53 DEMOLISH FOF COMPLIANCE DATE: 10 / 11 / 91

55 1ST EXTENSION	56 2ND EXTENSION	57 3RD EXTENSION	58 SUPPL FOF	59 EXTENSION DENIED
/ /	/ /	/ /	/ /	/ /

	RSN	Y/N	RSN	Y/N	RSN	Y/N	RSN	Y/N	RSN
INSP		Y/N		Y/N		Y/N		Y/N	
CHIEF		Y/N		Y/N		Y/N		Y/N	

REASON CODES
1 = FUNDS 4 = PERSONAL
2 = WORKERS 5 = TENANT ABUSE
3 = SUPPLIES 6 = OTHER

CIVIL PENALTY ACTIONS

61 FIRST PENALTY 62 IN REM NOTICE 63 FINAL PENALTY NOTICE

CONCLUSION

CONCLUSION DATE / / INSPECTOR NAME INSPECTOR NUMBER

91 DISMISSED/NO VIOL. 93 COMPLIANCE/REPAIRS COMPLETED 96 IN REM REPAIR 00 NON LEGAL
92 DISMISSED/OTHER 95 DEMOLISH DWELLING 97 IN REM DEMOLITION

REINSPECTIONS

	1	2	3	4	5	6
DATE	9-12-91					
INSPECTOR NUMBER	75838					
PERCENT COMPLETE	0%					

FOR SECTION 8 INSPECTIONS ONLY

HOUSING TYPE

☐ MANUFACTURED HOME ☐ DUPLEX OR TWO FAMILY
☐ SINGLE FAMILY ☐ GARDEN OR TOWN HOUSE
☐ OTHER

NUMBER OF ROOMS USED FOR SLEEPING (OR COULD BE USED FOR SLEEPING IF VACANT) ( )

NUMBER OF PERSONS OCCUPYING UNIT (IF OCCUPIED) ( )

UTILITY COMBINATIONS & APPLIANCES

TYPE OF HEAT [ ] GAS [ ] ELEC. [ ] OIL [ ] OTHER
UTILITIES INCLUDED [ ] WATER [ ] SEWAGE [ ] OTHER

TYPE OF WATER HEATER [ ] GAS [ ] ELEC. OTHER

TYPE OF CONNECTION FOR RANGE [ ] GAS ELEC.
APPLIANCES INCLUDED [ ] RANGE [ ] REFRI. [ ] OTHER

CASE NO. _____ ADDRESS _____

	Standard	Violation	Date Approved	Estimated Cost
FRONT ENTRANCE:				
STEPS: risers ☐ treads ☐ railing loose/missing ☐ _____ ☐				
PORCH: floor ☐ railing loose/missing ☐ ceiling ☐ light fixture ☐ decay ☑ burnt ☐		✓		2705.00
SCREEN/STORM DOOR: hardware ☐ operation ☐ broken glass ☐ _____ ☐				
screen missing/torn ☑ _____ ☐		✓		60.00
ENTRY DOOR: locks/hardware ☑ operation ☑ weatherstripping ☑ trim ☑ threshold ☑		✓		180.00
damage ☐ destroy by fire ☐		✓		
OTHER: Delipidate by Fire ☐ OTHER: _____ ☐		✓		
			Sub Total	
LIVING ROOM:				
ELECTRICAL: switches ☐ fixtures ☑ receptacles ☑ cover plate missing ☑ _____ ☐		—		300.00
FLOOR: covering loose/missing ☑ holes ☑ cracks ☑ unclean ☑ decay ☐ _____ ☐		—		280.00
WALLS: peeling paint ☐ covering loose/missing ☑ holes ☐ cracks ☑ unclean ☑ _____ ☐		—		450
decay ☐ _____ ☐				
CEILING: peeling paint ☑ covering loose/missing ☑ holes ☑ cracks ☑ unclean ☑ ☐		—		
decay ☐ _____ ☐				
WINDOWS: locks ☑ operation ☑ weathertight ☑ broken pane ☑ sills/sash/trim ☑ ☐		✓		275.00
decay ☐ _____ ☐				
EXCESSIVE BELONGINGS: Fire damage ☐		—		100.00
OTHER: _____ ☐ OTHER: Fire damaged throughout ☐		—		
			Sub Total	
ROOM: Bedroom (4)				
DOOR: lock/hardware ☑ operation ☐ trim ☑ damage ☑ _____ ☐		—		60.00
ELECTRICAL: switches ☑ fixtures ☑ receptacles ☑ cover plate missing ☑ _____ ☐		—		300.00
FLOOR: covering loose/missing ☐ holes ☐ cracks ☑ unclean ☑ decay ☐ _____ ☐		—		280.00
WALLS: peeling paint ☑ covering loose/missing ☑ holes ☑ cracks ☑ unclean ☑ ☐		—		450.00
decay ☑ _____ ☐				
CEILING: peeling paint ☑ covering loose/missing ☑ holes ☑ cracks ☑ unclean ☑ ☐		—		—
decay ☐ _____ ☐				
WINDOWS: locks ☑ operation ☑ weathertight ☑ broken pane ☑ sills/sash/trim ☑ ☐		—		275.00
decay ☐ _____ ☐				
EXCESSIVE BELONGINGS: _____ ☐				
OTHER: _____ ☐ OTHER: All rooms damaged by fire ☐		✓		
			Sub Total	
ROOM:				
DOOR: lock/hardware ☑ operation ☑ trim ☑ damage ☑ _____ ☐		—		60.00
ELECTRICAL: switches ☑ fixtures ☑ receptacles ☑ cover plate missing ☑ _____ ☐		✓		300.00
FLOOR: covering loose/missing ☑ holes ☐ cracks ☑ unclean ☑ decay ☐ _____ ☐		✓		280.00
WALLS: peeling paint ☑ covering loose/missing ☑ holes ☑ cracks ☑ unclean ☑ ☐		✓		450.00
decay ☐ _____ ☐		✓		
CEILING: peeling paint ☑ covering loose/missing ☑ holes ☑ cracks ☑ unclean ☑ ☐		✓		—
decay ☐ _____ ☐				
WINDOWS: locks ☐ operation ☑ weathertight ☑ broken pane ☑ sills/sash/trim ☑ ☐		✓		275
decay ☐ _____ ☐				
EXCESSIVE BELONGINGS: _____ ☐				
OTHER: _____ ☐ OTHER: _____ ☐				
			Sub Total	

CASE NO. _____ ADDRESS _____

	Standard	Violation	Date Approved	Estimated Cost
ROOM:				
DOOR: lock/hardware ☐ operation ☐ trim ☐ damage ☐ _____ ☐		✓		0
ELECTRICAL: switches ☐ fixtures ☐ receptacles ☐ cover plate missing ☐ _____ ☐		✓		300 ~
FLOOR: covering loose/missing ☐ holes ☐ cracks ☐ unclean ☐ decay ☐ _____ ☐		✓		280 ~
WALLS: peeling paint ☐ covering loose/missing ☐ holes ☐ cracks ☐ unclean ☐		✓		450 ~
decay ☐ _____ ☐				
CEILING: peeling paint ☐ covering loose/missing ☐ holes ☐ cracks ☐ unclean ☐		✓		—
decay ☐ _____ ☐				
WINDOWS: locks ☐ operation ☐ weathertight ☐ broken pane ☐ sills/sash/trim ☐		✓		250 ~
decay ☐ _____ ☐				
EXCESSIVE BELONGINGS: _____ ☐				
OTHER: _____ ☐ OTHER: _____ ☐				
			Sub Total	—
KITCHEN:				
ELECTRICAL: switches ☐ fixtures ☐ receptacles ☐ cover plate missing ☐		✓		300 ~
exhaust fan inoperable ☐ _____ ☐		✓		100 ~
FLOOR: covering loose/missing ☐ holes ☐ cracks ☐ unclean ☐ decay ☐ _____ ☐		✓		280 ~
WALLS: peeling paint ☐ covering loose/missing ☐ holes ☐ cracks ☐ unclean ☐		✓		450 ~
decay ☐ _____ ☐				
CEILING: peeling paint ☐ covering loose/missing ☐ holes ☐ cracks ☐ unclean ☐		✓		—
decay ☐ _____ ☐				
WINDOWS: operation ☐ locks ☐ weathertight ☐ broken pane ☐ sills/sash/trim ☐		✓		250 ~
decay ☐ _____ ☐				
SINK: faucets ☐ p-trap ☐ _____ ☐		✓		250 ~
CABINETS: _____ ☐ OTHER: Fire damage throughout ☐		✓		
			Sub Total	
BATHROOM:				
DOOR: locks/hardware ☐ operation ☐ trim ☐ damage ☐ _____ ☐		✓		60 ~
ELECTRICAL: switches ☐ fixtures ☐ receptacles ☐ exhaust fan inoperable ☐ _____ ☐		✓		300 ~
cover plate missing ☐ _____ ☐		✓		
FLOOR: covering torn/missing ☐ weak ☐ holes ☐ cracks ☐ unclean ☐ decay ☐ _____ ☐		✓		280 ~
WALLS: peeling paint ☐ covering loose/missing ☐ holes ☐ cracks ☐ unclean ☐		✓		450 ~
decay ☐ _____ ☐				
CEILING: peeling paint ☐ covering loose/missing ☐ holes ☐ cracks ☐ unclean ☐		✓		—
decay ☐ _____ ☐				
WINDOWS: operation ☐ locks ☐ weathertight ☐ broken pane ☐ sills/sash/trim ☐		✓		255 ~
decay ☐ _____ ☐				
SINK: faucets ☐ p-trap ☐ vanity ☐ _____ ☐		✓		190 ~
TUB/SHOWER: faucets ☐ drain ☐ surround ☐ _____ ☐		✓		400
TOILET: loose ☐ leaks ☐ cracked/broken tank or bowl, ☐ seat ☐ flush mechanism _____ ☐		✓		175 ~
OTHER: Fire damage throughout ☐ OTHER: _____ ☐		✓		
			Sub Total	
HEATING:				
FURNACE/HEATER: inadequate/inoperable ☐ broken/missing thermostat ☐ flue ☐ thimble ☐		✓		3200 ~
stove pipe ☐ _____ ☐				
OTHER: _____ ☐ OTHER: _____ ☐				
			Sub Total	
GENERAL:				
SPACE/USE: one room ≥ 150 s.f. ☐ Bedroom #1: ≥ 100 s.f. ☐ occupancy ☐ _____ ☐				
Bedroom #2: ≥ 70 s.f. ☐ occupancy ☐ Bedroom #3: ≥ 70 s.f. ☐ occupancy ☐ _____ ☐				
SMOKE DETECTOR: missing ☐ inoperable ☐ _____ ☐		✓		25 ~
WATER HEATER: inoperable ☐ improperly vented ☐ pop-off valve/piping ☐ wiring ☐ _____ ☐		✓		265 ~
ATTIC: insulate to R-19 ☐ sheathing ☐ rafters ☐ joists ☐ _____ ☐		✓		3500 ~
OTHER: _____ ☐ OTHER: damage by fire _____ ☐		✓		
INFESTATION: termites ☐ roaches ☐ other insects ☐ rodents ☐ _____ ☐				
			Sub Total	

CASE NO. _____ ADDRESS _____

	Standard	Violation	Date Approved	Estimated Cost
REAR/SIDE ENTRANCE:				
STEPS: risers ☐ treads ☐ railing loose/missing ☐ _____ ☐		•		
PORCH: floor ☐ railing loose/missing ☐ ceiling ☐ light fixture ☐ decay ☐ damaged trio ☐		✓		
SCREEN/STORM DOOR: hardware ☑ operation ☑ broken glass ☑ _____ ☐		✓		60 ~
screen missing/torn ☐ _____ ☐		✓		
ENTRY DOOR: locks/hardware ☑ operation ☑ weatherstripping ☑ trim ☑ threshold ☐		✓		180 ~
damage ☑ _____ ☐		✓		
OTHER: _____ ☐ OTHER: _____ ☐				
			Sub Total	
EXTERIOR:				
ROOF: chimney ☑ roof covering ☑ leaks ☑ ventilation ☐ damage by fire ☐		✓		—
GUTTERS: loose ☐ peeling paint ☐ downspout missing ☐ holes ☐ rust ☐ _____ ☐				
FASCIA/SOFFIT/TRIM: peeling paint ☐ holes ☑ decay ☐ fire damage ☐		✓		—
WALLS: siding loose/missing ☐ peeling paint ☐ holes ☑ decay ☐ fire damage ☐		✓		5000 ~
WINDOWS/STORM WINDOWS: screens torn/missing ☑ frames bent/broken ☑ broken pane ☑		✓		
sills/sash/trim ☑ glazing missing/loose ☐ decay ☐ fire damage ☐		✓		
ELECTRICAL SERVICE: cover missing ☐ improper fuses/wiring ☐ box loose ☐ _____ ☐				
FOUNDATION: bricks or mortar loose/missing ☐ cracks ☐ vents missing ☐ _____ ☐				
vent screens missing ☐ access door/frame ☐ _____ ☐				
CRAWL SPACE: _____ piers ☐ _____ sills ☐				
_____ joists ☐ _____ girders ☐				
_____ subflooring ☑ wood stiff knees ☐ excess moisture ☐		✓		
FENCES: _____ ☐ OUTBUILDINGS: _____ ☐				
OTHER _____ ☐				
OTHER _____ ☐				
			Sub Total	
			Total	21,925 ~

DANGEROUS CONDITIONS (SPECIFY ROOM):

flooring _____ ☑ wiring _____ ☑ other: _____ ☐
electrical fixtures _____ ☑ switches _____ ☑ other _____ ☐
improper fuses _____ ☐ ceilings _____ ☑ other: _____ ☐
walls _____ ☑ heating _____ ☑ _____ ☐

Permits Required: Building ☑ Electrical ☑ Mechanical ☑ Plumbing ☑

These code violations are to be corrected in a competent, workmanlike manner. Poor workmanship will not be approved.

Extensions are possible if a written request explaining the need for more time is received before the compliance period expires.

Civil penalties are effective if all repairs are not approved by the Housing Rehabilitation Specialist on or before the compliance period expires.

M. Allison
Housing Rehabilitation Specialist

336-2390

11-01-90