



Borough of Quarryville

300 Saint Catherine Street
Quarryville, PA 17566
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Office of Zoning and Code Compliance

717.786.0355

RENTAL HOUSING INSPECTION FORM

Rental License # _____

Inspection Date: _____

Arrival: _____

Departure: _____

Scope: Per Ordinance # ____ adopted on _____, every person proposing to operate a residential rental property approved by Quarryville Borough shall be required to register said rental property on an annual basis, schedule the required rental housing inspection during the required year indicated, and every 4 years after the initial inspection, and upon tenant change of occupancy, or as otherwise mandated by municipality.

LEASE INFORMATION:

Current Lease start date _____ and end date _____

Name of Tenant(s) as shown on lease: _____

PROPERTY INFORMATION:

Address: _____ Apt/Unit # _____

Number of Bedrooms: _____ Number of Occupants: _____

OWNER INFORMATION:

Name: _____ Phone # _____

Mailing Address: _____

Management Company: _____ Phone # _____

Email: _____

EXTERIOR	1 st Inspection Violation		2 nd Inspection Violation		3 rd Inspection Violation	
	Y	N	Y	N	Y	N
Structure:						
Premise Identification (house numbers) Unapproved/Nonexistent						
Roof Drainage System in Disrepair/Obstructed						
Swimming Pool not Maintained/Unsanitary Condition						
Swimming Pool, hot tub, spa capable of containing >24" of water and has a barrier < 48" above finished ground level						
Exterior decks, staircases & railings in disrepair/missing						
Private sidewalks						
Grass, weeds, vegetation > 6"						
Accumulation of rubbish/garbage						
Doors and Windows:	Y	N	Y	N	Y	N
Not Operational / In Disrepair						
Exterior Doors Lock						
Inoperable/Missing Window (1 Egress) in Each Habitable Area						
Inoperable/Missing Locks on 1 st Floor Windows						

Comments:

INTERIOR	1 st Inspection Violation		2 nd Inspection Violation		3 rd Inspection Violation	
	Y	N	Y	N	Y	N
Exceeds Maximum Occupancy						
Accumulation of rubbish/garbage						
Presence of insect and/or rodent infestation						
Evidence of prolonged unsanitary conditions						
Mold Present						
Structural Issues						
Stairs, Handrails, Guardrails in Disrepair/Missing						

Comments:

ELECTRICAL/PLUMBING/HEATING/VENTILATION	1 st Inspection Violation		2 nd Inspection Violation		3 rd Inspection Violation	
	Y	N	Y	N	Y	N
ELECTRICAL:						
Exposed wiring present						
Inoperable/Missing/Damaged Light Fixture(s)						
Damaged/Missing Cover Plates						
Damaged/Need Replacement Receptacle						
PLUMBING:	Y	N	Y	N	Y	N
Missing/Damaged Required Plumbing Fixture(s)						
Water Heater incapable of providing 110°F to fixtures						
Inoperable/Improperly Installed Water Heater						
Missing/Improperly Installed Water Heater Discharge Pipe						
HEATING:	Y	N	Y	N	Y	N
Improper Heat Source						
VENTILATION:	Y	N	Y	N	Y	N
Bathroom Exhaust Fan not vented to outside of building						
Improper Dryer Ventilation						
Flammable Materials Improperly Stored						

Comments:

EMERGENCY EXITS/EQUIPMENT	1 st Inspection Violation		2 nd Inspection Violation		3 rd Inspection Violation	
	Y	N	Y	N	Y	N
Unsafe/Obstructed path to the public way						
Emergency Escape opening not operational						
Inoperable Smoke Detectors						
Missing Smoke Detectors (in all bedrooms/immediate vicinity of bedrooms/each story)						

Comments:

I Attest that the rental property inspection documented herein is true and accurate to the best of my knowledge.

Rental Housing Inspector

Date _____

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