

WILMERDING BOROUGH

301 Station Street

P.O. Box 8

Wilmerding, PA 15148

Phone: 412-823-0420 fax: 412-823-5828

www.wilmerdingboro.com

REQUIREMENTS FOR OCCUPANCY INSPECTION

The inspection fee of \$60.00 must be paid before an inspection will be scheduled. All checks should be made payable to **WILMERDING BOROUGH** and sent to **P.O. Box 8, Wilmerding, PA 15148**. You may also drop your application off to the Borough Secretary. A fee of \$50 will be assessed for all NSF checks

Please check that all the following items are in compliance prior to scheduling the inspection.

1. House identification number must be a minimum of 3" in height and visible from the street by vehicle.
2. Functioning smoke detectors in ALL bedrooms, the immediate vicinity of all sleeping areas, and on each level of the structure. The smoke detectors must be installed a minimum of 4" from all corners.
3. Functioning Carbon Monoxide detectors centrally located in the vicinity of all bedrooms and fossil fueled appliance areas.
4. Handrails on all steps with more than 4 risers (steps).
5. Guards on all elevated walking surfaces greater than 30" above the grade below.
6. Porches, decks, balconies, and stairs must be in good repair.
7. Operating exterior doors that are side-hinged must be operable from the inside without the need for a key or any special knowledge or effort.
8. Enclosed storage space under staircases must be completely covered with ½" gypsum board on the walls and ceilings.
9. Bedrooms must have functioning windows.
10. Electrical service must be 120/240 volt, not less than 60 amps and in good repair.
11. All kitchen counter tops, bathrooms, garage wall, washer/dryer (110 volt), and exterior plugs must be GFCI. The power must be on at the time of inspection and access to all plugs must be available (we will not move appliances/furniture).
12. Water must be turned on.
13. Garages with living space above must have gypsum board on the ceiling (Type x 5/8").
14. The wall between the garage and the residence must be ½" gypsum, block or the equivalent
15. There must be no holes/vents in ductwork, walls, and ceiling in the garage.
16. The door between the garage and basement must be 1-3/8" solid wood or steel honeycomb.
17. The hot water tank must have a relief valve, and a pipe that extends to a maximum of 6" above the floor or into a drain.
18. Furnace flue vent must be fastened together with screws.
19. The gas shut-off valve to the furnace must be accessible without moving the furnace or another appliance.
20. Gas dryer vents shall exhaust to the exterior, be clear of lint, and shall not be screwed together.
21. All swimming pools must be code compliant.
22. There shall be no visible rodent or insect damage.

WILMERDING BOROUGH

301 Station Street

P.O. Box 8

Wilmerding, PA 15148

Phone: 412-823-0420 fax: 412-823-5828

www.wilmerdingboro.com

OCCUPANCY PERMIT APPLICATION

All Residential Occupancy Inspections are required prior to a CHANGE OF TENANT and/or a CHANGE OF OWNERSHIP APPLICATION FEE of \$60.00 is required PRIOR TO scheduling an inspection. Payments can be made by check or money order, cash will not be accepted. The fee includes initial and one (1) re-inspection. Failure after re-inspection will require another application and applicable fee.

1. REASON FOR PERMIT

Change of Occupancy Tenant

Date of Application _____

Change of Ownership Due to Sale

Change in Use

2. PROPERTY INFORMATION

Address of Property: _____

Current owner(s) Name: _____

Phone # _____ Email: _____

Current Owner(s) mailing address: _____

Contact Person for Inspection (If different than current owner)

Name: _____

Phone # _____ Email: _____

3. OCCUPANCY INFORMATION

3a. If CHANGE IN OCCUPANT: New tenant/occupant Information

Full Name: _____ Phone: _____

Mailing Address: _____

3b. If SALE OF PROPERTY: New Owner Information

Full Name: _____ Phone: _____

Mailing Address: _____

To be completed by all:

Name(s) of Occupants over the age of 18 Number of Occupants 17 & under _____

4. CERTIFICATION: I, _____ attest that all information provided in this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Office Use Only Below

Date Paid: _____ First Inspection Date: _____ Pass _____ Fail _____

Amount Paid: _____ Re- Inspection Date: _____ Pass _____ Fail _____

Cash Money Order Check # _____