

MISSOURI DEPARTMENT OF TRANSPORTATION
RIGHT OF WAY DIVISION

DECENT, SAFE AND SANITARY INSPECTION REPORT

JOB NUMBER

COUNTY	ROUTE	PARCEL	FEDERAL NUMBER
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RELOCATEE (S)	REPLACEMENT PROPERTY BEING <input type="checkbox"/> PURCHASED <input type="checkbox"/> RENTED
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LOCATION OF PROPERTY BEING INSPECTED

OWNED BY

OWNER'S ADDRESS

BRIEFLY DESCRIBE PROPERTY BEING INSPECTED

IS THE REPLACEMENT DWELLING UNIT COVERED BY A LOCAL OCCUPANCY CODE? YES NO

TO BE COMPLETED BY CITY BUILDING INSPECTOR OR COMPARABLE CITY OFFICIAL WHEN THE REPLACEMENT DWELLING UNIT IS COVERED BY A LOCAL OCCUPANCY CODE.

LIST ANY OCCUPANCY CODE DEFICIENCIES IN THE ABOVE IDENTIFIED DWELLING UNIT THAT WOULD PROHIBIT IT FROM BEING OCCUPIED AS RESIDENTIAL LIVING QUARTERS.

SIGNATURE	TITLE	DATE
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CITY	STATE
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ATTACH SEPARATE SHEETS FOR COMMENTS

Does dwelling have a kitchen area containing a usable sink with available hot and cold water connected to an adequate sewage system? Yes No Are utility service connections available for a stove and refrigerator? Yes No

Does the dwelling have an adequate heating system in good working order? Yes No

Does the dwelling have a separate well-lighted and ventilated bathroom affording privacy and containing a sink, bathtub or shower, and a toilet all in good working order? Yes No

Is the dwelling structurally sound, weathertight, in good repair with an electric wiring system adequate for lighting and other electric devices? Yes No

Does the building meet egress requirements outlined in Section 8-1.3(j)(5) of Relocation Manual?
 Yes No

Is unit adequate in size to accommodate the relocatees with respect to the number of rooms and area of living space?
 Yes No

Are any of the relocatees involved disabled? Yes No If yes, is the unit free of any barriers which would preclude reasonable ingress, egress or use of the unit by the disabled person? Yes No

Applicable to mobile homes located in Missouri. Does mobile home meet tie-down requirements? Yes No

The undersigned inspected the above parcel on _____ and to the best of my knowledge and belief the property Does Does not meet the requirements for decent, safe and sanitary housing as set out in Section 8-1.3(j)(5) of Relocation Manual. If the property does not meet decent, safe and sanitary standards, list its deficiencies on a separate sheet and briefly explain the circumstances leading to the relocatee's occupancy of nondecent, safe and sanitary housing.

SIGNATURE	TITLE	DATE
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