

DEPARTMENT OF INSPECTION AND CODE ENFORCEMENT

RESIDENTIAL BUILDING INSPECTION REPORT

| DATE OF INSPECTION: | 7-14-2014 | 4 | | | | | | | | | | |
|-------------------------------------|--------------------|------------------|---|---|---|--------------|--|--|--|--|--|--|
| PROPERTY ADDRESS: | 6701 E. H | 5701 E. Highland | | | | | | | | | | |
| PROPERTY OWNER: | Keith Pa | lmer | | | | | 1 | | | | | |
| PROPERTY OWNER. | Keith I a | IIIICI | | | | | | | | | | |
| OCCUPIED: YES XX | x NO | | | | | | | | | | | |
| OCCOPIED. LIES X | X 110 | | | | | | | | | | | |
| BUILDING ELEMENT | 1 thru 5 CONDITION | | | | | | NOTES & COMMENTS | | | | | |
| | VER POC | | | | | VERY GOOD | | | | | | |
| Foundation Type: | | | | | | 5 | Solid in good condition | | | | | |
| Piers | | | | | | | | | | | | |
| Solid | | | . | | | | | | | | | |
| Slab | | | | | | | 1 | | | | | |
| Front Porch Type: | | | | | | 5 | Concrete in good condition | | | | | |
| Wood | | | | | | | | | | | | |
| Concrete | | | | | | | | | | | | |
| Exterior Doors and Window | /S | | | | | 5 | Good Condition | | | | | |
| Type: | | | | | | 5 to 12 | | | | | | |
| Wood | | | | | | | | | | | | |
| Vinyl | | | | | | | | | | | | |
| Aluminum | | | | | | | D : 1 1 111-idation | | | | | |
| Roof Underlay Type: | 1 | | | | | | Rotten showng severe dilapidation | | | | | |
| OSB | | | | | | | showing leaks | | | | | |
| 1x6 | | | | | | | | | | | | |
| metal | 1 | | | | | | 3 tab approx. 20 years or older bad | | | | | |
| Roof Surface Type: | 1 | | | | | | condition | | | | | |
| 3-Tab Shingles | | | | | | | condition | | | | | |
| Dimensional Shingles | | | | | | | N/A | | | | | |
| Chimney | | | 2 | | | | Showing sign of dilapidation and rot | | | | | |
| Siding Type: | | | 2 | | | | Showing sign of difapidation and for | | | | | |
| Wood Lap | | | | | | | | | | | | |
| Vinyl | | | | | | | | | | | | |
| Masonite | | | | | | | | | | | | |
| Aluminum | 1 | 1 | | | | | Wood showing signs of deteriation and | | | | | |
| Fascia and Trim Type | | | | | | | coil in bad condition | | | | | |
| Wood Vinyl Coil | | | | | | | | | | | | |
| Vinyl Coil | | 1 | 2 | 3 | 4 | 5 | Could not access but based on | | | | | |
| Interior Doors Type: Hollow Wood | | | _ | | | | condition of roof damage interior is a | | | | | |
| Solid Wood | | | | | | | suspect of major damage and | | | | | |

| | | | | | | | | dilapidation | | | | |
|---|---------|-------|-------|----------|---|---|-------------|---|--|--|--|--|
| Interior Walls Type Wood Frame Metal Frame Sheetrock | | 1 | | 2 | 3 | 4 | 5 | Could not access but based on condition of roof damage interior is a suspect of major damage and dilapidation | | | | |
| Stucco Ceilings Type: Sheetrock Stucco Ceiling Tile | | 1 | | 2 | 3 | 4 | 5 | Could not access but based on condition of roof damage interior is a suspect of major damage and dilapidation | | | | |
| Flooring Underlay Type: 1x6 center match OSB Plywood | | 1 | | 2 | 3 | 4 | 5 | Could not access but based on condition of roof damage interior is a suspect of major damage and dilapidation | | | | |
| Flooring Surfaces Type: Carpet Linoleum Hard Wood Vinyl | | 1 | | 2 | 3 | 4 | 5 | Could not access but based on condition of roof damage interior is a suspect of major damage and dilapidation | | | | |
| Electrical | | 1 | | | | | | Not to Code | | | | |
| Heating | | 1 | | | | | | Not to Code | | | | |
| Plumbing | | | 1 | | | | | Not to Code | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| In my opinion, this structure | | is | XX | is not | Suitable for human habitation. | | | | | | | |
| In my opinion this structure | | is | XX | is not | Phy | Physically feasible for rehabilitation. | | | | | | |
| In my opinion, this structure | | is | | is not | Eco | Economically feasible for rehabilitation. | | | | | | |
| In my opinion, this structure | xx | is | | is not | immediately. | | | | | | | |
| Due to Health, Safety and V | Welfar | re th | is st | ructure | need | to be b | rought co | ode or abated | | | | |
| EN | IERG | EN | CY A | CTIO | N IS V | VARRA | ANTED: | YES xx NO | | | | |
| | | | | | | | | | | | | |
| Tent Mr. 7-14-14 | | | | | | | | | | | | |
| Terry Adams, Certified Building Inspector | | | | Cra | Craig Davenport, Fire Marshal Other Signature | | | | | | | |
| | | | | - | | | | | | | | |
| | | | | - | | | | | | | | |
| Municipal R | uilding | , 300 | Sout | h Church | Jones | boro, Ar | ./ Phone 87 | 0-336-7194/ Fax 870-336-1358 | | | | |
| Transcriper as | | 1/ 0 | | | | - | | | | | | |

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