

DEPARTMENT OF INSPECTION AND CODE ENFORCEMENT

RESIDENTIAL BUILDING INSPECTION REPORT

| DATE OF INSPECTION: | 11-27-17 | | | | | | | | |
|----------------------------|-------------------------|---------|-----|--|------------------|------------------------------|--|--|--|
| PROPERTY ADDRESS: | 1007 CREATH | | | | | | | | |
| PROPERTY OWNER: | HARVEY & NEOMA WILLIAMS | | | | | | | | |
| | | | | | | <u>'</u> | | | |
| OCCUPIED: YES NO | X | | | | | | | | |
| | | | | | | | | | |
| BUILDING ELEMENT | 1 | CONDITI | ION | | NOTES & COMMENTS | | | | |
| | VERY POOR | | | | VERY GOOD | | | | |
| Foundation Type: | | | | | | COULD NOT ENTER HOUSE | | | |
| Piers | | _ | | | | THROUGH DOORS, FOUNDATION IS | | | |
| Solid | | 2 | | | | FAILING AND NEEDS REPAIRED | | | |
| Slab | | | | | | | | | |
| Front Porch Type: | | | | | | COULD NOT ENTER HOUSE | | | |
| Wood | | 2 | | | | THROUGH DOORS, FOUNDATION IS | | | |
| Concrete | | | | | | FAILING AND NEEDS REPAIRED | | | |
| Exterior Doors and Windows | | | | | | DOORS ARE IN POOR SHAPE BUT | | | |
| Type: | | | | | | ARE LOCK AT PRESENT | | | |
| Wood | | | 3 | | | | | | |
| Vinyl | | | | | | | | | |
| Aluminum | | | | | | | | | |
| Roof Underlay Type: | | | | | | ROOF IS IN VERY POOR SHAPE | | | |
| OSB/ Plywood | | | | | | NEEDS TO BE REPLACED | | | |
| 1x6 | 1 | | | | | ENTIRELY | | | |
| metal | | | | | | | | | |
| Roof Surface Type: Metal | | | | | | ROOF IS IN VERY POOR SHAPE | | | |
| 3-Tab Shingles | 1 | | | | | NEEDS TO BE REPLACED | | | |
| Dimensional Shingles | | | | | | ENTIRELY | | | |
| Chimney | N/A | | | | | | | | |
| Siding Type: | | | | | | WOOD SIDING NEEDS REPLCED | | | |
| Wood Lap | | 2 | | | | AND REPAIRED ON ALL SIDES | | | |
| Vinyl | | 2 | | | | | | | |
| Masonite | | | | | | | | | |
| Aluminum | | | | | | | | | |
| Fascia and Trim Type | | | | | | ROTTED AND GONE IN MOST | | | |
| Wood | 1 | | | | | AREAS | | | |
| Vinyl Coil | | | | | | | | | |
| Interior Doors Type: | | | | | | COULD NOT ENTER HOUSE | | | |
| Hollow Wood | | 2 | | | | THROUGH DOORS, FOUNDATION IS | | | |
| Solid Wood | | 1 | | | | FAILING AND NEEDS REPAIRED | | | |

| Interior Walls Type | | | | | | COULD NOT ENTER HOUSE | | | | |
|---|-------|------|---|--------|---|--|--|--|--|--|
| Interior Walls Type Wood Frame | | | | 2 | | | | | | |
| | | | | _ | | THROUGH DOORS, FOUNDATION IS | | | | |
| Metal Frame | | | | | | FAILING AND NEEDS REPAIRED | | | | |
| Sheetrock | | | | | | | | | | |
| Stucco | | | | | | GOLL D TOWN D TANK | | | | |
| Ceilings Type: | | | | | | COULD NOT ENTER HOUSE | | | | |
| Sheetrock | | | | 2 | | THROUGH DOORS,FOUNDATION IS | | | | |
| Stucco | | | | 2 | | FAILING AND NEEDS REPAIRED | | | | |
| Ceiling Tile | | | | | | | | | | |
| Flooring Underlay Type: | | | | 2 | | COULD NOT ENTER HOUSE | | | | |
| 1x6 center match | | | | | | THROUGH DOORS,FOUNDATION IS | | | | |
| OSB | | | | | | FAILING AND NEEDS REPAIRED | | | | |
| Plywood | | | | | | | | | | |
| Flooring Surfaces Type: | | | | | | COULD NOT ENTER HOUSE | | | | |
| Carpet | | | | 2 | | THROUGH DOORS, FOUNDATION IS | | | | |
| Linoleum | | | | | | FAILING AND NEEDS REPAIRED | | | | |
| Hard Wood | | | | | | | | | | |
| Vinyl | | | | | | | | | | |
| Electrical | | | | | 3 | NOT TO CODE | | | | |
| Heating | | | | | 3 | NOT TO CODE | | | | |
| Plumbing | | | | | 3 | NOT TO CODE | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| In my opinion, this structure | | is | X | is not | Suitable for human habitation. | | | | | |
| In my opinion this structure | | is | X | is not | Physically feasible for rehabilitation. | | | | | |
| In my opinion, this structure | | is | X | is not | Economically feasible for rehabilitation. | | | | | |
| In my opinion, this structure | X | is | | is not | A public safety hazard and should be condemned immediately. | | | | | |
| | | 1 | 1 | 1100 | 1 P | and the state of t | | | | |
| EMERGENCY ACTION IS WARRANTED: YES X NO | | | | | | | | | | |
| HOUSE WAS NOT SECURED AT TIME OF INSPECTION (WINDOWS) | | | | | | | | | | |
| Tim Danshave Chief Destrict | Tm ~ | ot c | | | | Oth ou Stomatour | | | | |
| Tim Renshaw, Chief Building | ınspe | ctor | | | | Other Signature | | | | |
| Ling Len 81 | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Municipal Building, 300 South Church Jonesboro, Ar./ Phone 870-336-7194/ Fax 870-336-1358 | | | | | | | | | | |