



**Rental Housing License Inspection Report:
Individual Dwelling Units**

Address: _____
 Floor number: _____ Unit number _____
 Inspection date: _____
 Inspection performed by: _____

The City of White Plains Municipal Code (Title 4, Section 4-28) requires that the owner or their designee to inspect each dwelling unit within the building a minimum of once annually and when the tenancy of the unit changes.

- Notes:
1. A report shall be completed for each dwelling unit.
 2. The owner is required to repair/replace any deficiencies found in the apartment regardless of whether it is identified in this report or not.

		Compliance Verified	Comments			Compliance Verified	Comments
Walls & Ceilings	In good repair & structurally sound	<input type="checkbox"/>		Kitchen	Properly working appliances	<input type="checkbox"/>	
	No defective surface conditions (e.g. peeling paint)	<input type="checkbox"/>			Operable window(s)	<input type="checkbox"/>	
	No evidence of water damage	<input type="checkbox"/>			No electrical hazards / GFCI properly installed (if required)	<input type="checkbox"/>	
Floors	In good repair & structurally sound	<input type="checkbox"/>		Bathrooms	Minimum of one (1) properly installed and operating toilet, shower/tub and sink	<input type="checkbox"/>	
	No tripping or other hazards	<input type="checkbox"/>			No evidence of mold or water damage	<input type="checkbox"/>	
Egress	Direct access to egress doors/windows from room (No need to pass through another room to get to egress door or window)	<input type="checkbox"/>			Proper outlet / no electrical hazards / GFCI properly installed (if required)	<input type="checkbox"/>	
Rooms used for sleeping	Sleeping area is minimum 70 sq. for one occupant; plus 50sq for each additional occupant	<input type="checkbox"/>		Electrical/ Mechanical/ Plumbing/ Ventilation	No extension cords being used in excess of 8 feet	<input type="checkbox"/>	
	Proper lighting & ventilation	<input type="checkbox"/>			No electrical hazards / GFCI properly installed (if required)	<input type="checkbox"/>	
	No deadbolts/padlocks on interior doors	<input type="checkbox"/>			Temperature maintained at 68 degrees Fahrenheit from September 15th till May 15th	<input type="checkbox"/>	
Infestation	No Insect/Rodent Infestation	<input type="checkbox"/>		Fire Protection	Working carbon monoxide detector in each apartment	<input type="checkbox"/>	
Environment	No mold in the apartment	<input type="checkbox"/>			Working smoke detector outside each bedroom (s)	<input type="checkbox"/>	
	No gas odor in the apartment	<input type="checkbox"/>			Working Smoke detector in each bedroom	<input type="checkbox"/>	
Other	No hazardous materials stored in the apartment (e.g. gasoline, paint supplies, etc.)	<input type="checkbox"/>		Rubbish/ Garbage	Unit free of accumulated trash and or debris	<input type="checkbox"/>	

AFFIDAVIT OF INSPECTION

I, _____ (PRINT NAME- Owner, Agent, Consultant) being duly sworn, deposes and says that I have inspected the dwelling unit identified above and the information contained in this report is true to the best of my knowledge and belief.

Sworn to me on the ____ Day of 20__.

Signature of person performing inspection

Company (if applicable)

NOTARY PUBLIC