STATE OF DELAWARE

IILDING INSPECTION FORM	New Renovation Demolition
RTIFICATE OF OCCUPANCY DATE:	DEMOLITION DATE:
1. DEPARTMENT NAME:	
2 NAME OF BUILDING	
3. ADDRESS:	
6. a.) TAX PARCEL #:	
7. OCCUPANCY CODE (Select from the	
a.) DATE OF CONSTRUCTION	
8. CONSTRUCTION CLASS CODE (Selection)	
9. COST TO COMPLETE (New Constru	uction): \$
	ons): \$
	GE (Not Including Basement):
12. SHAPE: 1.) SQUARE	2.) SLIGHTLY IRREGULAR
13. NUMBER OF STORIES (Above Grou	und):
14. AVERAGE STORY HEIGHT (Default i	is 12-14 Ft.):
15. UNDERGROUND STORAGE TANKS ((UST): 1.) YES 2.) NO NUMBER OF TANKS:
16. QUALITY OF CONSTRUCTION (Selection)	ect from the Drop Down):
17. EXTERIOR WALL (Select from the D	Orop Down):
18. HEATING, COOLING, & VENTILATIO	
19. ELEVATORS (Qty.):	
20. SPRINKLERS (Select from the Drop	Down):
21. BASEMENT (Select from the Drop D	Down):
22. SECURITY SYSTEM IN PLACE (Select	t from the Drop Down):
23. LAND IMPROVEMENTS:	
Paving Asphalt (Sq. Ft.):	Synthetic Surfaces (Sq. Ft. and Purpose):
Paving concrete (Sq. Ft.):	Swimming Pool (Sq. Ft.):
Lighting (Sq. Ft. Area Served):	Grandstand Bleachers (Seat Capacity):
Tennis Courts (Sq. Ft.):	Athletic Fields (Sq. Ft.):
Playground (Sq. Ft.):	
24. ROOF INFORMATION	
Type of Roof (Select from the Drop	p Down):
Poof Installation Date (Vear):	
Nooi ilistallation Date (Teal).	
Any Roofing Repairs within the Pas	st 10 Years? YES NO