



APARTMENT BUILDINGS' SUMMARY INSPECTION REPORT

Client: Karl Robinson: Dunlap Royal Apartments

Inspection Address: 1947, 1951, 1954, 1955, 1963 Dunlap Ave. East Point, GA. 30344

Building Construction Date: 1959

Inspection Date: 6-27-2022

This is a summary of the general conditions found during the inspections for the apartment units and buildings located at the addresses above. Please see the individual reports for details of each apartment. It is in the best interest for the tenants and or renters of this community to have accurate information reported for their safety, health and efficiency.

This is not a warranty, but is a visual inspection and survey of the systems and components based on National Professional Guidelines. There were 24 one-bedroom units and 20 two-bedroom units to be inspected at this site (five buildings). A few of the apartments were either being repaired for occupancy, not accessible, occupants not home or not available. There is a photo folder with a few pictures showing the exterior of all buildings inspected.

The Inspection list below gives the property owner or owners a good scope of what to consider when bringing the buildings up to minimum standards and codes for safety and health. It is advised to have certified technicians and qualified contractors to work on the buildings, components and systems of this complex.

GROUNDS: There are paper and discarded debris at the rear yards of all buildings inspected. At the yard where building 1955 and 1947 make a corner, there appears to be concrete slabs and retaining walls that are collapsing and may be a safety hazard. There is a sink hole at the same area that can be a fall hazard (the area has been tapped off with caution tape only).

EXTERIOR: There are damaged wood soffits and fascia at various areas on a few of the buildings. Wood soffits and fascia boards need painting at some buildings. Wrought iron steps need scrape and paint at several areas at buildings (it is advised to check all front and rear porch structures and stairs for defective paint and where identified shall

get a good scraping and proper painting. Concrete in the wrought iron stairs step trays are deteriorating at some areas and can be a trip hazard for some.

There are missing handrails at concrete stairs leading down to the street sidewalks at the front of 1951, 1963, 1954 and 1947 (can be a fall hazard). The concrete stairs leading down to the street rotate slightly forward at 1954, 1947 and 1963. At building 1951, one of the 2nd floor deck metal support posts has rusted through at the bottom and post collapsed at unit 3.

There is an opening in the brick veneer where a zone AC was located but removed and the whole is open at the rear wall of building 1947 above unit 3.

COMMUNITY WASH-HOUSE: There is mold on the walls at the water heater side of the wash-house. There are debris in the water heater room at the wash-house. There appears to be some water intrusion to drywall at water heater room.

FOUNDATION: There are missing foundation vents at some buildings and missing crawlspace doors. These conditions can allow rodents into the crawlspaces and into homes if not properly covered. It is advised to properly fit foundation vents and doors properly to seal closed.

ROOF: Can see detaching vent and pipe flashing at building 1951. There appears to roof leaking at building 1955 (can see in furnace closet). It is advised to have a certified roofer check all older roofs for maintenance to extend life of roof covering and keep water tight.

GUTTERS: Gutters are loose, sagging and overflowing at units 1947, 1951, 1955 and 1963. It is advised to properly level gutters, nail back to fascia and remove all debris in gutters. It is also advised to route downspouts away from the foundation.

PLUMBING: Some tenants in buildings 1955 and 1947 stated that the water gets too hot (verify the central water heater temperature is roughly 120 degrees). Overheating water can waste energy. Verify the water heater does not have a controls or setting issue. Check for service and maintenance.

The water heater at the laundry house has an improper sediment trap in the gas pipe near the furnace. Sediment trap's drip leg pipe shall be vertical so that trash will fall down into the trap. Small water heater missing flame door cover.

Some gas pipes leading to gas furnaces are missing sediment traps (trash in gas) at several buildings and units. Missing sediment traps can cause trash to get into valve controls at gas appliances. It is advised to correct.

HVAC: Several units have AC condensate drain pipes either broke off at the exterior walls or pouring at the foundation and not routed 3 feet away from the foundation.

These conditions can cause soil erosion, moisture issues and or mold. Several AC unit's refrigerant lines have deteriorated or damaged refrigerant line insulation at 1951, 1963. It is advised to have these conditions corrected. There appears to be at least one to two tenants in building 1951, 1963, 1947 and 1955 saying their HVAC systems are not getting cool enough. Some utility closets have water on the floors or water damage in the furnace closets. This may indicate AC systems defective. A few furnaces were not operational.

It is advised to have a certified HVAC technician check, service and repair all systems noted in the report.

ELECTRICAL: At the electrical meter room for building 1963, there are open breaker panel boxes, missing electrical box covers and exposed electrical wires (shock, safety hazard). At building 1954 the meter boxes are rusting (verify meter house roof is water tight). At building 1955 there are weeds, poison Ivey and vines growing over the electric meter bank. At some buildings there are TV cable boxes missing covers and exposed cables.

At buildings 1947, 1951, 1954, 1963, the kitchen outlets tested open ground and or did not trip when tested with device. This condition can be a major safety hazard and should be remedied as-soon-as possible. It is to make a note that when these buildings were built (1959) there was no requirement to have convenience outlets in baths (GFCI). However, it can be a safety hazard to use drop cords to use appliances (shavers, curling irons, electric space heaters...) in bathrooms.

At several buildings where the distribution panels have not been upgraded for each unit (1947, 1951, 1954, 1963), it appears 3-hole receptacles are installed but tested no ground or ground not connected. This may indicate a two-wire electrical cable system has been connected to receptacles that need 3 wires to operate properly and safely or the grounding systems are defective at each unit or building (have a electrician check the systems of each unit). Some exterior side-door lights are missing globes at several units at all buildings.

Based on all the electrical conditions found at the various buildings (1947, 1951, 1954, 1963) during the inspection, it is advised to have a certified electrician check each unit for service and repair where the systems for each unit have not been upgraded.

WINDOWS: Couple of window glasses broken at 1951 and building 1955. Missing window screens at many units in each building.

BATHS: Baths are missing or have defective bath exhaust fans (1947, 1951, 1954, 1963) and missing electrical outlets in baths at buildings 1951, 1963, 1947.

EXTERIOR DOORS: Several front and rear exterior doors are not sealing when closed at several units at several buildings (can see daylight at some areas and under some doors). These conditions can cause higher energy consumption resulting in higher

energy bills. It is advised to properly fit all exterior doors to seal properly when closed to conserve energy.

SMOKE ALARMS: Several units had smoke alarms removed off the wall or ceiling, batteries removed or none in the apartment. It is advised to notify all tenants that they must check alarms yearly and replace batteries when needed. Each unit must have at least one working smoke alarm and CO detector or combination alarm operational in their home. It is advised to issue new smoke alarms to all tenants who need them. Best practice is to have a smoke alarm in all rooms for sleeping and one in the hall outside rooms for sleeping.

CRAWLSPACE: Missing foundation vents at some buildings. Missing crawlspace doors at some buildings. Debris in crawlspaces at several buildings. Missing moisture barrier over the soil in the crawlspace.

Please see the individual inspection reports for each unit's interior. The buildings and apartment units may be acceptable if the items listed in the reports are considered. There may be other hidden conditions but none were discovered at this inspection. If you have any questions about your report or repairs, please let me know.

Paris Pressley: VP/President Elect GAHI



Phones: 404-755-9556 or 770-252-6700

Atlanta House Surgeons and Real Estate Inspector; Certified Energy Auditor
Certified ASHI, GAHI, HUD, ICC R-5 Building, Electrical, HVAC and Plumbing Inspector
State of GA. Licensed Residential Building Contractor, Master Carpenter RBI-003371
Email: info@ppinspect.com Sites: www.ppinspect.com www.atlantahousesurgeons.com



Code Compliance Certificate (Multi-Family Rental Housing)

Department of Planning & Community Development
Inspections Division
City of East Point
2757 East Point Street
Ground Floor
East Point, GA 30344

Re: [Building Units Inspection] (1947, 1951, 1954 1955, 1963 Dunlap Ave. East Point, GA. 30344)

 44 Total Number of Units

 42 Units Inspected (Listed individually)

To Whom It May Concern:

The undersigned is a Certified Building Inspector pursuant to the City of East Point Code of Ordinances Chapter II, Building Regulations, and provides this certification pursuant to such Ordinance.

Those apartment units listed in the Inspection Reports attached hereto have been inspected and found to be in compliance with applicable building codes of the City of East Point currently in effect. For purposes of this Certification, compliance with applicable building codes shall be deemed to mean that those units inspected meet those Certain Minimum Standards for Basic Equipment and Facilities for Dwellings as set forth in the inspections Reports attached hereto. In the event that the undersigned is an employee of the owner or property manager of the Community, undersigned is acting only in such capacity and shall incur no personal liability in connection with such inspections. Nothing herein imposes any liability on the City of East Point or prevents the City of East Point from enforcing Georgia Minimum Standard Codes as provided by Georgia law and the City of East Point. The Code Compliance Certificate must be **notarized** to be accepted.

Certified and sworn

This 02 day of June , 2021

Signature of Inspector

Name: PAMS POSEY

Registration No. # 616-HOM of

Certification Held: RS Inspection - 012172

Angela Renee Loggins
6-30-2021

Notary Required Here:

ANGELA RENEE LOGGINS
NOTARY PUBLIC
Coweta County
State of Georgia
My Comm. Expires Aug. 3, 2024

Planning and Community Development

2757 East Point Street Ground Floor East Point, Georgia 30344 | 404-270-7029 | www.eastpointcity.org





Inspection Report

Name of Community: DUNLAP ROYAL APT.
 Apartment No.: #11947
 Date of Inspection: 6/27/2022

Item No.		Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1. Living Room						
1.1	Living Room Present	✓				
1.2	Electrical		✓		OPEN GROUND	
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
2. Kitchen						
2.1	Kitchen Area Present	✓				
2.2	Electrical		✓		OPEN GROUND	
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
3. Bathroom						
3.1	Bathroom Present	✓				
3.2	Electrical		✓		NO COMPLETE	
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation	✓				
3. Bathroom						
		Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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#11947



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		

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1949



4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.		Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
	6. Building Exterior					
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓	✓		Loose/overhanging	
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓	✓		WATER UNDER FURNACE	WATER ON UNIT
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓	✓		Demolish at REAR YARD	
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards	✓				
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

Updated June 7, 2021

1 1949





Inspection Report

Name of Community: DUNWOODY APT
 Apartment No.: # 2 1947
 Date of Inspection: 6/21/2022

Item No.	1. Living Room <i>ROACHES</i>	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical		✓		<i>OPEN GROUNDS</i>	
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen <i>ROACHES</i>	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present <i>ROACHES</i>	✓				
2.2	Electrical			✓	<i>OPEN GROUNDS</i>	
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical	✓				
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear	Floor Level	
4.2	Electrical/Illumination	✓		✓		
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors		✓			NO SMOKE ALARM
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear	Floor Level	
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear	Floor Level	

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4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters		✓		Loose asphalt	
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation <i>ROACHES</i>		✓		ROACHES IN KITCHEN	
8.4	Garbage and Debris		✓		DEBRIS AT REAR PROPERTY	
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

Updated June 7, 2021



21947



Inspection Report

Name of Community: DUNLAP Royal APT
 Apartment No: #3 1947
 Date of Inspection: 6/27/2022

Item No.	1. Living Room <i>FRONT DOOR THRESHOLD DAMAGED</i>	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	<input checked="" type="checkbox"/>				
1.2	Electrical			<input checked="" type="checkbox"/>	<i>POWER OFF</i>	
1.3	Window Condition	<input checked="" type="checkbox"/>				
1.4	Ceiling Condition	<input checked="" type="checkbox"/>				
1.5	Wall Condition	<input checked="" type="checkbox"/>				
1.6	Floor Condition	<input checked="" type="checkbox"/>				
1.7	Are all painted surfaces free of deteriorated paint?	<input checked="" type="checkbox"/>				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	<input checked="" type="checkbox"/>				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	<input checked="" type="checkbox"/>				
2.2	Electrical			<input checked="" type="checkbox"/>	<i>POWER OFF</i>	
2.3	Window Condition	<input checked="" type="checkbox"/>				
2.4	Ceiling Condition	<input checked="" type="checkbox"/>				
2.5	Wall Condition	<input checked="" type="checkbox"/>				
2.6	Floor Condition	<input checked="" type="checkbox"/>				
2.7	Stove or Range with Oven	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
2.8	Sink	<input checked="" type="checkbox"/>				
2.9	Counter Tops	<input checked="" type="checkbox"/>				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
3.2	Electrical				<i>NO OUTLET POWER OFF NOW</i>	
3.3	Window Condition					
3.4	Ceiling Condition	<input checked="" type="checkbox"/>				
3.5	Wall Condition	<input checked="" type="checkbox"/>				
3.6	Floor Condition	<input checked="" type="checkbox"/>				
3.7	Flush Toilet in Enclosed Room Unit	<input checked="" type="checkbox"/>				
3.8	Fixed wash basin or Lavatory in Unit	<input checked="" type="checkbox"/>				
3.9	Tub or Shower in Unit	<input checked="" type="checkbox"/>			<i>KNOBS MISSING</i>	
3.10	Ventilation			<input checked="" type="checkbox"/>		
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

#3 1947



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location □□	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear	Floor Level	
4.2	Electrical/Illumination	✓		✓	<i>pull off</i>	
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location □□	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear	Floor Level	
4.2	Electrical/Illumination	✓		✓	<i>pull off</i>	
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <i>EVANCKE ROOM</i>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear	Floor Level	

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#3 1947



4.2	Electrical/illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards					
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

Updated June 7, 2021

3 1947





Inspection Report

Name of Community: DUNLAP ROYAL APT.
 Apartment No.: # 4 1947
 Date of Inspection: 6/21/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical		✓		Open ground	
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical		✓		OPEN GROUND NOT TRIP	
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical				OUTLET NOT TRIP OPEN GAPS	
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation		✓		NO EXHAUST	
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination		✓		<i>Office gables</i>	
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination	✓			<i>Office gables</i>	
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		

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4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards	✓				
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

Updated June 7, 2021

4 1947





Inspection Report

Name of Community: DUNNAP POPPAC APT
 Apartment No.: #5 1947
 Date of Inspection: 10/21/2002

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓	✓		OPEN CIRCUIT	
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical		✓		OPEN CIRCUIT	
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical			✓	NO OUTLET	
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation		✓		MOUSE	
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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#5 1947



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location			(Circle One) Right/Center/Left	(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination	✓	✓		OPEN GLASS	
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors				SMOKE ALARM NOT ON	
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location			(Circle One) Right/Center/Left	(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination	✓	✓		OPEN SHOWN	
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors		✓		NO OPERATE	
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location			(Circle One) Right/Center/Left	(Circle One) Front/Center/ Rear ___ Floor Level	

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#5 1947



4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.		Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓		✓	Closest Locker Door	
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

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#5 1947





Inspection Report

Name of Community: DUNLAP ROYAL APT
 Apartment No.: #6 1947
 Date of Inspection: 6/27/2012




Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical			✓	OPEN GROUNDS	
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen <i>Ranches</i>	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical			✓	OPEN GROUNDS	
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓			CRAZY STOVE DEFECTIVE	
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical			✓	NO OUTLET	
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation		✓		NONE	
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location 	(Circle One) Right/Center/Left	(Circle One) Left	(Circle One) Front/Center/Rear	____ Floor Level	
4.2	Electrical/Illumination			✓	OPEN CROWN	
4.3	Window Condition	✓				
4.4	Ceiling Condition		✓			
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors				DOWN BUT PUT BACK	
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location 	(Circle One) Right/Center/Left	(Circle One) Left	(Circle One) Front/Center/Rear	____ Floor Level	
4.2	Electrical/Illumination			✓	OPEN CROWN	
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location 	(Circle One) Right/Center/Left	(Circle One) Left	(Circle One) Front/Center/Rear	____ Floor Level	

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4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.		Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
	6. Building Exterior					
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	Thermostat	✓		NO AC FURNACE NOT WORK	
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling		✓			
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards					
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
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Inspection Report

Name of Community: DUNLAP ROYAL APT
 Apartment No: #7 1947
 Date of Inspection: 6/27/2012

Item No.		Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1. Living Room						
1.1	Living Room Present	✓				
1.2	Electrical				open ground	
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
2. Kitchen						
2.1	Kitchen Area Present	✓				
2.2	Electrical				open ground	
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven		✓			
2.8	Sink	✓				
2.9	Counter Tops	✓				
3. Bathroom						
3.1	Bathroom Present	✓				
3.2	Electrical				NO OUTLET	
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation		✓			
3. Bathroom						
		Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination				<i>Open Space</i>	
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors		✓		<i>NOT WORK</i>	
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination			✓	<i>Open Space</i>	
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors		✓		<i>NOT WORK</i>	
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/ Rear ___ Floor Level	

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4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓			OVERFLOW GUTTER	
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney	✓				
	7. Heating and Plumbing					
7.1	Type of Heating Equipment				WATER TOO HOT WIRE IN FURNACE	
7.2	Safety of Heating Equipment			✓	POWER OFF POWER OFF	
7.3	Ventilation/Cooling					
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards					
8.8	Elevator	✓				
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

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Planning and Community Development

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#7 1947





Inspection Report

Name of Community: DUNLAP ROYAL APT
 Apartment No.: #8 1947
 Date of Inspection: 6/27/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical			✓	NO POWER	
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical			✓	NO POWER	
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓		✓	NO USE	
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical				NO OUTLET	
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit			✓	SPRING TOO STIFF NO USE	
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

#8 1947



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination			✓	no power	
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination			✓	no power	
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		

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#8 1947



4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney	✓				
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards					
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

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8 1947





Inspection Report

Name of Community: DUNWOOD ROYAL APT
 Apartment No.: #9 1947
 Date of Inspection: 10/27/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓	✓		OPEN GROUNDS	
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical	✓		✓	OPEN GROUNDS	
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical	✓			NO OUTLET	
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear Floor Level	
4.2	Electrical/Illumination			✓		
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors			✓	ALARMs Check	
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear Floor Level	
4.2	Electrical/Illumination			✓		
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors			✓	ALARMs Check	
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear Floor Level	

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#9 1941



4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney	✓				
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	OK				
7.2	Safety of Heating Equipment	OK				
7.3	Ventilation/Cooling					
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards	✓				
8.8	Elevator	✓				
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

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Updated June 7, 2021

91947





Inspection Report

Name of Community: DUNLAP Royal APT
 Apartment No. # 10 1949
 Date of Inspection: 6/21/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical				OPEN GROUNDS	
1.3	Window Condition	✓				
1.4	Ceiling Condition <u>LEAK AT FRONT DOOR</u>	✓	✓		LEAK ABOVE FRONT DOOR	
1.5	Wall Condition					
1.6	Floor Condition					
1.7	Are all painted surfaces free of deteriorated paint?					
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?					
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical <u>NO ceiling light</u>		✓		OPEN GROUNDS	
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical			✓	NO OUTLET	
3.3	Window Condition	N/A				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit			✓	DANGER FINISH NOT FINISHED	
3.10	Ventilation		✓			
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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10 1949



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location			(Circle One) Right/Center/Left	(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination			✓	OPEN GRAV	
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors			✓	REPLACE BATTERIES	
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location			(Circle One) Right/Center/Left	(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location			(Circle One) Right/Center/Left	(Circle One) Front/Center/ Rear ___ Floor Level	

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10 1947



4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

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10 1947

951

1951

#1



Inspection Report
 Name of Community: DUNLAP ROOM AT DUNLAP AVE
 Apartment No.: #1 1951 1 BEDS
 Date of Inspection: 6-22-2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓				
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical		✓		OPEN GROUING	
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical	✓			NO OUTLET	
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation	✓			FAN COVER NOT COVER HOLE	
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

1951 #1



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ____ Floor Level		
4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ____ Floor Level		
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ____ Floor Level		

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1951 #1 1951



4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior 951	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches				NEED PAINT	
6.3	Condition of Roof/Gutters	✓			NEED NAIL BACK HUSKING	
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls			✓	DEBRIS	
8.7	Other Interior Hazards					
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

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1951 #1 1951





Inspection Report

Name of Community: DUNLAP ROYAL APT
 Apartment No.: #2 1951
 Date of Inspection: 6/21/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓				
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical	✓				
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical				NO OUTLET, WO FFW	
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition		✓		WATER DAMAGE AT SHOWER	
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation		✓		NO FFW	
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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1951 #2



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
4.3	Window Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
4.4	Ceiling Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
4.5	Wall Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<i>Bed rooms Dug</i>	
4.6	Floor Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
4.7	Smoke Detectors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		

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1951-#7



4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓		✓	NEED REPAIR	
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓			NO TRAPS AT SINKS	
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation		✓			
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards	✓				
8.8	Elevator	✓				
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

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1951 #2





Inspection Report

Name of Community: DUNLAP ROYAL APT
 Apartment No.: #3-1951
 Date of Inspection: 6-21-2002

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓				
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical			✓	OPEN WIRING NOT TRIP GFCI	
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓			NO OB BURNER	
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical			✓		
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit			✓		
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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#3 1951



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical			✓		
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit			✓		
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation		✓			
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location			(Circle One) Right/Center/Left	(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors		✓		NOT WORK	
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location			(Circle One) Right/Center/Left	(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location			(Circle One) Right/Center/Left	(Circle One) Front/Center/ Rear ___ Floor Level	

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#3 1951

4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation		✓		MISSING VENT COVERS	
6.2	Condition of Stairs, Rails, and Porches	✓			NEED PAINT	
6.3	Condition of Roof/Gutters	✓			NEED NAILING	
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney	✓				
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards	✓				
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

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#3 1951





Inspection Report

Name of Community: DUNLAP ROYAL APT
 Apartment No.: #201951
 Date of Inspection: 6/21/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓				
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓			CLASS BUDGE	
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical	✓				
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical			✓		
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation		✓		NO FLOW	
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

#41951



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location				(Circle One) Right/Center/Left	(Circle One) Front/Center/ Rear ___ Floor Level
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					NO ALARM
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location				(Circle One) Right/Center/Left	(Circle One) Front/Center/ Rear ___ Floor Level
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location				(Circle One) Right/Center/Left	(Circle One) Front/Center/ Rear ___ Floor Level

#4

1957



4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters					
6.4	Condition of Exterior Surfaces					
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment			✗	NOT WORKING	
7.2	Safety of Heating Equipment			✗	MISSING SEDIMENT TRAP	
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal					
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevator					
8.9	Interior Air Quality					
8.10	Site and Neighborhood Conditions					

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
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#4 (195)

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Inspection Report

Name of Community: _____
 Apartment No.: 115 1951
 Date of Inspection: _____

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓				
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical		✓		<i>space allowed</i>	
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical	✓				
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓		✓	<i>WALL REPAIR NOT PAINTED</i>	
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

1951 #5



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination	<input checked="" type="checkbox"/>				
4.3	Window Condition	<input checked="" type="checkbox"/>				
4.4	Ceiling Condition	<input checked="" type="checkbox"/>				
4.5	Wall Condition	<input checked="" type="checkbox"/>				
4.6	Floor Condition	<input checked="" type="checkbox"/>				
4.7	Smoke Detectors	<input checked="" type="checkbox"/>				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		

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1951 #5

4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation			✓	MISSING VENTS FIXED	
6.2	Condition of Stairs, Rails, and Porches	✓			NEED PAINT	
6.3	Condition of Roof/Gutters	✓			NEED NAIL BACK	
6.4	Condition of Exterior Surfaces	✓			WOOD NEED PAINT	
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment			✓	AC SYSTEMS NEED SERVICE	
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation		✓			
8.4	Garbage and Debris		✓			
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards		✓			
8.8	Elevator	✓				
8.9	Interior Air Quality					
8.10	Site and Neighborhood Conditions	✓				

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1957 #5





Inspection Report

Name of Community: _____
 Apartment No.: #6 1951
 Date of Inspection: _____

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓				
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical	✓				
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓			NO OUTLET	
3.2	Electrical				NO OUTLET	
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓	✓		WEEP PAUL	
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓			FIX SINK GLO PPGC	
3.9	Tub or Shower in Unit		✓		DETACHED FINISH	
3.10	Ventilation		✓			
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

Planning and Community Development

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1951 #6



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input checked="" type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ____ Floor Level		
4.2	Electrical/Illumination	<input checked="" type="checkbox"/>				
4.3	Window Condition	<input checked="" type="checkbox"/>				
4.4	Ceiling Condition	<input checked="" type="checkbox"/>				
4.5	Wall Condition	<input checked="" type="checkbox"/>				
4.6	Floor Condition	<input checked="" type="checkbox"/>				
4.7	Smoke Detectors		<input checked="" type="checkbox"/>			
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ____ Floor Level		
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ____ Floor Level		

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1951#6



4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓			NEED PAINT	
6.3	Condition of Roof/Gutters	✓			NEED REPAIR	
6.4	Condition of Exterior Surfaces	✓			NEED REPAIR SOPEN	
6.5	Condition of Chimney	✓				
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓			NEED SERVICE	
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

Updated June 7, 2021

MSI # 6





Inspection Report

Name of Community: DUNLAP ROYAL APT
 Apartment No.: #71951
 Date of Inspection: 6/21/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓				
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present		✓		<i>OPEN GROUND ELEC</i>	
2.2	Electrical		✓		<i>OPEN GROUND</i>	
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical	✓			<i>NO OUTLET</i>	
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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#71951



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ____ Floor Level		
4.2	Electrical/Illumination	<input checked="" type="checkbox"/>				
4.3	Window Condition	<input checked="" type="checkbox"/>				
4.4	Ceiling Condition	<input checked="" type="checkbox"/>				
4.5	Wall Condition	<input checked="" type="checkbox"/>				
4.6	Floor Condition	<input checked="" type="checkbox"/>				
4.7	Smoke Detectors	<input checked="" type="checkbox"/>				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ____ Floor Level		
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ____ Floor Level		

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71951

4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓			NEED PAINT	
6.5	Condition of Chimney	✓				
	7. Heating and Plumbing	✓				
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

Updated June 7, 2021

1951





Inspection Report

Name of Community: _____
 Apartment No.: #8 1951
 Date of Inspection: _____

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	<input checked="" type="checkbox"/>				
1.2	Electrical	<input checked="" type="checkbox"/>			DWE OUTLET NOT WORK	
1.3	Window Condition	<input checked="" type="checkbox"/>				
1.4	Ceiling Condition	<input checked="" type="checkbox"/>				
1.5	Wall Condition	<input checked="" type="checkbox"/>				
1.6	Floor Condition	<input checked="" type="checkbox"/>				
1.7	Are all painted surfaces free of deteriorated paint?	<input checked="" type="checkbox"/>				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	<input checked="" type="checkbox"/>				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	<input checked="" type="checkbox"/>				
2.2	Electrical	<input checked="" type="checkbox"/>			NO OUTLET AT SINK A/H	
2.3	Window Condition	<input checked="" type="checkbox"/>				
2.4	Ceiling Condition	<input checked="" type="checkbox"/>			Paint PEEL AT VENT Ceiling	
2.5	Wall Condition	<input checked="" type="checkbox"/>				
2.6	Floor Condition	<input checked="" type="checkbox"/>				
2.7	Stove or Range with Oven	<input checked="" type="checkbox"/>				
2.8	Sink	<input checked="" type="checkbox"/>				
2.9	Counter Tops	<input checked="" type="checkbox"/>				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	<input checked="" type="checkbox"/>				
3.2	Electrical	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	NO OUTLET	
3.3	Window Condition	<input checked="" type="checkbox"/>				
3.4	Ceiling Condition	<input checked="" type="checkbox"/>				
3.5	Wall Condition	<input checked="" type="checkbox"/>				
3.6	Floor Condition	<input checked="" type="checkbox"/>				
3.7	Flush Toilet in Enclosed Room Unit	<input checked="" type="checkbox"/>				
3.8	Fixed wash basin or Lavatory in Unit	<input checked="" type="checkbox"/>				
3.9	Tub or Shower in Unit		<input checked="" type="checkbox"/>		WALL TILE NEED REPAIR	
3.10	Ventilation		<input checked="" type="checkbox"/>		FAW NOT WORK	
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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#8 1951

3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/	(Circle One) <u>Left</u>	(Circle One) Front/Center/ Rear	___ Floor Level	
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors		✓		<i>NO SMOKE ALARMS</i>	
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left	(Circle One)	(Circle One) Front/Center/ Rear	___ Floor Level	
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left	(Circle One)	(Circle One) Front/Center/ Rear	___ Floor Level	

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#8951



4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓			NEED PAPER	
6.3	Condition of Roof/Gutters	✓			WALL BLACK	
6.4	Condition of Exterior Surfaces	✓			NEED PAINT	
6.5	Condition of Chimney	✓				
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

Updated June 7, 2021

#8 1951





Inspection Report

Name of Community: DUNLAP ROYAL APT.
 Apartment No.: #1 1954
 Date of Inspection: 6/21/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓				
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical	✓				
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical	✓			NO OUTLET	
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓	✓		PAINT PEEL SOME?	
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation		✓		FAN NOT OPERATE	
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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#1 1954



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Left	(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination	✓	✓			
4.3	Window Condition	✓	✓			
4.4	Ceiling Condition	✓	✓			
4.5	Wall Condition	✓	✓			
4.6	Floor Condition	✓	✓			
4.7	Smoke Detectors	✓	✓			
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One)	(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One)	(Circle One) Front/Center/ Rear ___ Floor Level	

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1954 #1

4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓			CONCRETE STEPS DETAILING	
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

Updated June 7, 2021

1954 #1








Inspection Report

Name of Community: DUAL AP ROYAL APT
 Apartment No.: #2 1954
 Date of Inspection: 6-27-2002

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓				
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical		✓		NO GROUND	
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical	✓				
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

#2 1954



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location 	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ____ Floor Level		
4.2	Electrical/Illumination	<input checked="" type="checkbox"/>				
4.3	Window Condition	<input checked="" type="checkbox"/>				
4.4	Ceiling Condition	<input checked="" type="checkbox"/>				
4.5	Wall Condition	<input checked="" type="checkbox"/>				
4.6	Floor Condition	<input checked="" type="checkbox"/>				
4.7	Smoke Detectors	<input checked="" type="checkbox"/>				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location 	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ____ Floor Level		
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location 	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ____ Floor Level		

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2 1954

4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.		Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
	6. Building Exterior					
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓			NONE	
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards	✓				
8.8	Elevator				no	
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

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#2 1954



Inspection Report

Name of Community: Dunlap Royal APT.
 Apartment No.: #3 1954
 Date of Inspection: 6/07/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓				
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical	✓				
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical	✓				
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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#3 1954

3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input checked="" type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination	<input checked="" type="checkbox"/>				
4.3	Window Condition	<input checked="" type="checkbox"/>				
4.4	Ceiling Condition	<input checked="" type="checkbox"/>				
4.5	Wall Condition	<input checked="" type="checkbox"/>				
4.6	Floor Condition	<input checked="" type="checkbox"/>				
4.7	Smoke Detectors		<input checked="" type="checkbox"/>		NOT INSTALLED	
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		

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#3 1954



4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment		✓		A/C NOT WORKING	
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards	✓				
8.8	Elevator	✓				
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

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#3 #3 1954



Inspection Report

Name of Community: DUMMARD ROYAL APT.
 Apartment No.: #4 1954
 Date of Inspection: 6-27-2022




Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓				
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical		✓		<u>OPENING IN PANEL COVER</u>	
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical	✓				
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation		✓			
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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#4 1954

3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location 	(Circle One) Right	(Circle One) Center	(Circle One) Left	(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination	<input checked="" type="checkbox"/>				
4.3	Window Condition	<input checked="" type="checkbox"/>				
4.4	Ceiling Condition	<input checked="" type="checkbox"/>				
4.5	Wall Condition	<input checked="" type="checkbox"/>				
4.6	Floor Condition	<input checked="" type="checkbox"/>				
4.7	Smoke Detectors		<input checked="" type="checkbox"/>		1564-1124 OCT	
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location 	(Circle One) Right/Center/Left	(Circle One) Center/Left	(Circle One) Left	(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location 	(Circle One) Right/Center/Left	(Circle One) Center/Left	(Circle One) Left	(Circle One) Front/Center/ Rear ___ Floor Level	

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#4 1954

4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney	✓				
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards	✓				
8.8	Elevator	✓				
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

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#4 1954



Inspection Report

Name of Community: Dunlap Royal APT
 Apartment No.: #5 1954
 Date of Inspection: 6/27/2022




Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓				
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓	✓		Hole over FURNACE	
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical	✓				
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink <u>hole in sink</u>		✓		same hole in sink	
2.9	Counter Tops					
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical	✓			NO OUTLET	
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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#5 1954



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location 	(Circle One) Right/Center/Left	(Circle One) Left	(Circle One) Front/Center/ Rear	____ Floor Level	
4.2	Electrical/Illumination	<input checked="" type="checkbox"/>				
4.3	Window Condition	<input checked="" type="checkbox"/>				
4.4	Ceiling Condition	<input checked="" type="checkbox"/>				
4.5	Wall Condition	<input checked="" type="checkbox"/>				
4.6	Floor Condition	<input checked="" type="checkbox"/>				
4.7	Smoke Detectors	<input checked="" type="checkbox"/>				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location 	(Circle One) Right/Center/Left	(Circle One)	(Circle One) Front/Center/ Rear	____ Floor Level	
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location 	(Circle One) Right/Center/Left	(Circle One)	(Circle One) Front/Center/ Rear	____ Floor Level	

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#5 1954



4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit			✓	STEPS ROTATE FORWARD	
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards	✓				
8.8	Elevator	✓				
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

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HS 1954





Inspection Report

Name of Community: Dunwoody Royal APT
 Apartment No.: # 6 1954
 Date of Inspection: 6/27/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓				
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical	✓			NO GFCI	
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical	✓			NO OUTLET	
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation		✓		NOT OPERATING	
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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954 # 6



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ____ Floor Level		
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ____ Floor Level		
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ____ Floor Level		

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#6 954



4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓			COULD NOT GET TO BASE OF FOUNDATION	
6.2	Condition of Stairs, Rails, and Porches	✓	✓		NEED PAINT - NEED HANDRAIL AT STAIRS	
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓			WOOD NEED PAINT AT BALCONY	
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓			ROUTE LINES AWAY	
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris			✓		
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards	✓				
8.8	Elevator	✓				
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

RAILROAD ST
 441 ST
 4 UNIT AT FRONT PORCH

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
 2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

Updated June 7, 2021

#6 954





Inspection Report

Name of Community: Dunlap Royal APT.
 Apartment No.: # 7 1954
 Date of Inspection: 6/27/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical		✓		OUTLETS NOT WORKING	
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical	✓			NO GFCI / EAW WIRE TO LIGHT SWITCH	
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical	✓			NO OUTLET	
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation		✓		NO WORK	
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)



7 1954

3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input checked="" type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One)	(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓		✓	REAR DOOR LOOSE ON HINGE	
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One)	(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One)	(Circle One) Front/Center/ Rear ___ Floor Level	

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#7 1954



4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney	✓				
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards	✓				
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

Updated June 7, 2021

##7 1954

Planning and Community Development





Inspection Report

Name of Community: DUNWOOD ROYAL APT.
 Apartment No.: #8 1954
 Date of Inspection: 6/27/2022

Item No.		Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1. Living Room						
1.1	Living Room Present	✓				
1.2	Electrical	✓				
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
2. Kitchen						
2.1	Kitchen Area Present	✓				
2.2	Electrical		✓		OPEN CIRCUIT	
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
3. Bathroom						
3.1	Bathroom Present	✓				
3.2	Electrical				OPEN CIRCUIT / NOT TRIP	
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit		✓		STOPPED WORK / NOT TRIP	
3.10	Ventilation		✓		NONE	
3. Bathroom						
		Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

#8 1954



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/> 1	(Circle One) Right/Center/Left			(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/ Rear ___ Floor Level	

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8 1954



4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney	✓				
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards	✓				
8.8	Elevator	✓				
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
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8 1954





Inspection Report

Name of Community: DUNLAP ROYAL APT
 Apartment No.: #1 1955
 Date of Inspection: 6/27/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓				
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical	✓				
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical	✓				
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit		✓		TUB NEED GLASS	
3.10	Ventilation	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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#1 1955



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		

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#1 1955

4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓			SAG, OVERFLOW	
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

Updated June 7, 2021

H 1 1955





Inspection Report

Name of Community: DUNLAP ROYAL APT.
 Apartment No.: #2 1955
 Date of Inspection: 6/27/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓				
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?					
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical	✓				
2.3	Window Condition					
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops <u>BURNS NO COUNTER</u>		✓		<u>BURNS BURNS</u>	
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical	✓				
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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#2 1955



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		

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4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney	✓				
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓		✓	WATER HEATER ON FLOOR	
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓		✓		
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

Updated June 7, 2021

21955





Inspection Report

Name of Community: DUNLAP ROYAL APT.
 Apartment No.: #3 1955
 Date of Inspection: 6/21/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓				
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical	✓				
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops					
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical	✓				
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation		✓		NONE	
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <i>Room 101</i> <input type="checkbox"/> <i>Room 102</i>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination	<input checked="" type="checkbox"/>				
4.3	Window Condition	<input checked="" type="checkbox"/>				
4.4	Ceiling Condition	<input checked="" type="checkbox"/>				
4.5	Wall Condition	<input checked="" type="checkbox"/>				
4.6	Floor Condition	<input checked="" type="checkbox"/>				
4.7	Smoke Detectors	<input checked="" type="checkbox"/>				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <i>Room 101</i> <input type="checkbox"/> <i>Room 102</i>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination	<input checked="" type="checkbox"/>				
4.3	Window Condition	<input checked="" type="checkbox"/>				
4.4	Ceiling Condition	<input checked="" type="checkbox"/>				
4.5	Wall Condition	<input checked="" type="checkbox"/>				
4.6	Floor Condition	<input checked="" type="checkbox"/>				
4.7	Smoke Detectors	<input checked="" type="checkbox"/>				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		

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4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓	✓		SAGGING DOOR FRAME	
6.4	Condition of Exterior Surfaces					
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit					
8.2	Fire Exits					
8.3	Evidence of Infestation		✓		PORCHES	
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards	✓				
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

Updated June 7, 2021

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Inspection Report

Name of Community: DUNAP ROYAL APT
 Apartment No.: H 4 1955
 Date of Inspection: 6/27/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓				
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical	✓				
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical	✓				
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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H 4 1955



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓	✓		<i>incomplete finish</i>	
4.6	Floor Condition	✓			<i>chipping</i>	
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓			<i>chipping</i>	
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In - Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/ Rear ___ Floor Level	

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4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.		Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
	6. Building Exterior					
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney	✓				
	7. Heating and Plumbing					
7.1	Type of Heating Equipment		✓		NOT cooling	
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards	✓				
8.8	Elevator					
8.9	Interior Air Quality					
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

Updated June 7, 2021

41955





Inspection Report

Name of Community: DUNLAP ROY MART.
 Apartment No.: #5 1955
 Date of Inspection: 6/21/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present					
1.2	Electrical					
1.3	Window Condition					
1.4	Ceiling Condition					
1.5	Wall Condition					
1.6	Floor Condition					
1.7	Are all painted surfaces free of deteriorated paint?					
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?					
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical	✓	✓		WEAK GROUND LEFT OF STOVE	
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom <i>ROACHES</i>	Yes Pass	No Fail	In - Conc.	<i>ROACHES</i> Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical	✓				
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation				NO FAN	
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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#5 1955



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		

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5 1955



4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney	✓				
	7. Heating and Plumbing					
7.1	Type of Heating Equipment		✓		NOT OPERATIVE	
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation		✓		ROACHES	
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards	?				
8.8	Elevator	?				
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

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5 1955





Inspection Report

Name of Community: DUNLAP ROYALAPT

Apartment No.: #6

Date of Inspection: #6 1955 6/27/2022

6/27/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	<input checked="" type="checkbox"/>				
1.2	Electrical	<input checked="" type="checkbox"/>				
1.3	Window Condition	<input checked="" type="checkbox"/>				
1.4	Ceiling Condition	<input checked="" type="checkbox"/>				
1.5	Wall Condition	<input checked="" type="checkbox"/>				
1.6	Floor Condition	<input checked="" type="checkbox"/>				
1.7	Are all painted surfaces free of deteriorated paint?	<input checked="" type="checkbox"/>				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	<input checked="" type="checkbox"/>				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	<input checked="" type="checkbox"/>				
2.2	Electrical	<input checked="" type="checkbox"/>				
2.3	Window Condition	<input checked="" type="checkbox"/>				
2.4	Ceiling Condition	<input checked="" type="checkbox"/>				
2.5	Wall Condition	<input checked="" type="checkbox"/>				
2.6	Floor Condition	<input checked="" type="checkbox"/>				
2.7	Stove or Range with Oven	<input checked="" type="checkbox"/>				
2.8	Sink	<input checked="" type="checkbox"/>				
2.9	Counter Tops	<input checked="" type="checkbox"/>				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	<input checked="" type="checkbox"/>				
3.2	Electrical	<input checked="" type="checkbox"/>				
3.3	Window Condition	<input checked="" type="checkbox"/>				
3.4	Ceiling Condition	<input checked="" type="checkbox"/>				
3.5	Wall Condition	<input checked="" type="checkbox"/>				
3.6	Floor Condition	<input checked="" type="checkbox"/>				
3.7	Flush Toilet in Enclosed Room Unit	<input checked="" type="checkbox"/>				
3.8	Fixed wash basin or Lavatory in Unit	<input checked="" type="checkbox"/>			<u>CRACK IN SINK</u>	
3.9	Tub or Shower in Unit	<input checked="" type="checkbox"/>				
3.10	Ventilation	<input checked="" type="checkbox"/>				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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#6 1955



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/ Rear <u>1</u> Floor Level	
4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✗	✓		NOT INSTALLED	
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✗	✓		NOT INSTALLED	
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/ Rear ___ Floor Level	

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#61955



4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney	✓				
	7. Heating and Plumbing					
7.1	Type of Heating Equipment AC?				REPAIR NEEDED NOT OPERATE PROPERLY	
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓			AC NOT WORK PROPERLY	
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards					
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

Updated June 7, 2021

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#61955





Inspection Report

Name of Community: DUNLAP ROYALAPT
 Apartment No.: # 7 1955
 Date of Inspection: 6/21/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓				
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen <i>ROYALAPT</i>	Yes Pass	No Fail	In - Conc.	<i>ROYALAPT</i> Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical	✓				
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical	✓				
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit <i>TOO HOT ATTUR</i>	✓	✓		<i>WATER TO HOT CHECK TOILET WATER HOT</i>	
3.10	Ventilation	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination	<input checked="" type="checkbox"/>				
4.3	Window Condition	<input checked="" type="checkbox"/>				
4.4	Ceiling Condition	<input checked="" type="checkbox"/>				
4.5	Wall Condition	<input checked="" type="checkbox"/>				
4.6	Floor Condition	<input checked="" type="checkbox"/>				
4.7	Smoke Detectors			<input checked="" type="checkbox"/>	<i>Chrupay</i>	
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination	<input checked="" type="checkbox"/>				
4.3	Window Condition	<input checked="" type="checkbox"/>				
4.4	Ceiling Condition	<input checked="" type="checkbox"/>				
4.5	Wall Condition	<input checked="" type="checkbox"/>				
4.6	Floor Condition	<input checked="" type="checkbox"/>				
4.7	Smoke Detectors			<input checked="" type="checkbox"/>	<i>Chrupay</i>	
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/ Rear ___ Floor Level	

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4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.		Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney	✓				
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓			WATER IN RAIL AC DON'T GET COLD	
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓			AC NOT COOL	
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation		✓		ROACHES	
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards	✓				
8.8	Elevator	✓				
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

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#7 1955





Inspection Report

Name of Community: DUNLAP ROYME APT.

Apartment No.: #8 1955

Date of Inspection: 1/11/2011

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)	
1.1	Living Room Present						
1.2	Electrical						
1.3	Window Condition				BEING REPAIRED		
1.4	Ceiling Condition						
1.5	Wall Condition						
1.6	Floor Condition						
1.7	Are all painted surfaces free of deteriorated paint?						
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?						
2. Kitchen		Yes Pass	No Fail	In - Conc.		Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present						
2.2	Electrical						
2.3	Window Condition				BEING REPAIRED		
2.4	Ceiling Condition						
2.5	Wall Condition						
2.6	Floor Condition						
2.7	Stove or Range with Oven						
2.8	Sink						
2.9	Counter Tops						
3. Bathroom		Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)	
3.1	Bathroom Present						
3.2	Electrical						
3.3	Window Condition				BEING REPAIRED		
3.4	Ceiling Condition						
3.5	Wall Condition						
3.6	Floor Condition						
3.7	Flush Toilet in Enclosed Room Unit						
3.8	Fixed wash basin or Lavatory in Unit						
3.9	Tub or Shower in Unit						
3.10	Ventilation						
3. Bathroom		Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)	

#8 1955



3.1	Bathroom Present						
3.2	Electrical						
3.3	Window Condition						
3.4	Ceiling Condition						
3.5	Wall Condition						
3.6	Floor Condition						
3.7	Flush Toilet in Enclosed Room Unit						
3.8	Fixed wash basin or Lavatory in Unit						
3.9	Tub or Shower in Unit						
3.10	Ventilation						
	3. Bathroom	Yes Pass	No Fail	In – Conc.		<i>Ben [Signature]</i>	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present						
3.2	Electrical						
3.3	Window Condition						
3.4	Ceiling Condition						
3.5	Wall Condition						
3.6	Floor Condition						
3.7	Flush Toilet in Enclosed Room Unit						
3.8	Fixed wash basin or Lavatory in Unit						
3.9	Tub or Shower in Unit						
3.10	Ventilation						
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.			Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear	___ Floor Level		
4.2	Electrical/Illumination						
4.3	Window Condition						
4.4	Ceiling Condition						
4.5	Wall Condition						
4.6	Floor Condition						
4.7	Smoke Detectors						
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.			Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear	___ Floor Level		
4.2	Electrical/Illumination						
4.3	Window Condition						
4.4	Ceiling Condition						
4.5	Wall Condition						
4.6	Floor Condition						
4.7	Smoke Detectors						
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.			Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear	___ Floor Level		

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4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney	✓				
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards	✓				
8.8	Elevator	✓				
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

*Roof leak
AST # entrance closet*

DE

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
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9 1955





Inspection Report

Name of Community: DUNLAP ROYAL APT.
 Apartment No.: # 9 1955
 Date of Inspection: 6/21/2022

Item No.	1. Living Room <i>Rommes</i>	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓				
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen <i>Rommes</i>	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical	✓				
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical	✓				
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation	✓			<i>NO FAN</i>	
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

9 1955



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination	<input checked="" type="checkbox"/>				
4.3	Window Condition	<input checked="" type="checkbox"/>				
4.4	Ceiling Condition	<input checked="" type="checkbox"/>				
4.5	Wall Condition	<input checked="" type="checkbox"/>				
4.6	Floor Condition	<input checked="" type="checkbox"/>				
4.7	Smoke Detectors	<input checked="" type="checkbox"/>				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		

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#9 1955



4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.		Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney	✓				
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation		✓		ROACHES	
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

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9 1755





Inspection Report

Name of Community: DUNLAP Royal APT
 Apartment No.: # 10 1955 NO ACCESS
 Date of Inspection: 6/21/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present					
1.2	Electrical					
1.3	Window Condition				NO ACCESS	
1.4	Ceiling Condition					
1.5	Wall Condition					
1.6	Floor Condition					
1.7	Are all painted surfaces free of deteriorated paint?					
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?					
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present				NO ACCESS	
2.2	Electrical					
2.3	Window Condition					
2.4	Ceiling Condition					
2.5	Wall Condition					
2.6	Floor Condition					
2.7	Stove or Range with Oven					
2.8	Sink					
2.9	Counter Tops					
	3. Bathroom	Yes Pass	No Fail	In - Conc.		Comment
3.1	Bathroom Present				NO ACCESS	
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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10 1955



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		

NO ACCESS



10 1955

4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment					
7.2	Safety of Heating Equipment				NO ACCESS	
7.3	Ventilation/Cooling					
7.4	Water Heater					
7.5	Type of Water Supply					
7.6	Plumbing					
7.7	Sewer Connection					
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation					
8.4	Garbage and Debris					
8.5	Refuse Disposal					
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevator					
8.9	Interior Air Quality					
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

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Planning and Community Development

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#10 1955





Inspection Report

Name of Community: DUNLAP ROYAL APT
 Apartment No.: #1 1963 1963
 Date of Inspection: 6/21/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓				
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical	✓	✓		OPEN CIRCUIT	
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓			STATUS ON CURB. Floor	
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical	✓			NO OUTLET	
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		

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1963



4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓			NO SEDIMENT TRAP	
7.2	Safety of Heating Equipment	✓			NO TRAP AT FURNACE	
7.3	Ventilation/Cooling	✓			NO TRAP IN GAS PIPE	
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓			NO SEDIMENT TRAP FULL	
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards	✓				
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
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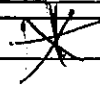
11963





Inspection Report

Name of Community: DUNLAP ROYAL APT
 Apartment No.: # 2 1963
 Date of Inspection: 6/27/2022



Item No.		Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1. Living Room						
1.1	Living Room Present	✓				
1.2	Electrical	✓				
1.3	Window Condition	✓	✓			
1.4	Ceiling Condition	✓				
1.5	Wall Condition		✓			
1.6	Floor Condition		✓		CARPET DEMONATED	
1.7	Are all painted surfaces free of deteriorated paint?		✓			
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?					
2. Kitchen						
2.1	Kitchen Area Present	✓				
2.2	Electrical	✓	✓		OUTLET NOT ON	
2.3	Window Condition	✓				
2.4	Ceiling Condition		✓			
2.5	Wall Condition		✓			
2.6	Floor Condition		✓		DESTROYED	
2.7	Stove or Range with Oven		✓			
2.8	Sink		✓			
2.9	Counter Tops		✓			
3. Bathroom						
3.1	Bathroom Present	✓				
3.2	Electrical				NO OUTLET	
3.3	Window Condition	✓				
3.4	Ceiling Condition		✓		STAINS, MOLD	
3.5	Wall Condition	✓	✓			
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit		✓		CORRODED FLANGE / W	
3.8	Fixed wash basin or Lavatory in Unit		✓			
3.9	Tub or Shower in Unit		✓		WORK NEEDED	
3.10	Ventilation		✓			
3. Bathroom						
		Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

2 1963



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left	(Circle One) Left	(Circle One) Front/Center/ Rear	___ Floor Level	
4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition		✓			
4.5	Wall Condition		✓			
4.6	Floor Condition		✓			
4.7	Smoke Detectors		✓			
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left	(Circle One) Left	(Circle One) Front/Center/ Rear	___ Floor Level	
4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition		✓			
4.5	Wall Condition		✓			
4.6	Floor Condition		✓			
4.7	Smoke Detectors		✓			
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left	(Circle One) Left	(Circle One) Front/Center/ Rear	___ Floor Level	

NOT ACCESSIBLE

NOT ACCESSIBLE

#2 1963



4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters			✓		
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment		✓		FURNACE NOT WORKING	
7.2	Safety of Heating Equipment		✓			
7.3	Ventilation/Cooling		✓			
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal		✓		SOILED INTERIOR	
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards		✓		SOILED INT - SOILED	
8.8	Elevator					
8.9	Interior Air Quality		✓			
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
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Planning and Community Development

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2 1963





Inspection Report

Name of Community: DUNLAP ROYAL APT
 Apartment No.: #31963
 Date of Inspection: 6/27/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓	✓		OPEN BROWNS	
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical	✓				
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical			✓	NO OUTLET	
3.3	Window Condition					
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation		✓		NO EXHAUST	
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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#3 1963

3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination	<input checked="" type="checkbox"/>				
4.3	Window Condition	<input checked="" type="checkbox"/>			OPEN WINDOWS	
4.4	Ceiling Condition	<input checked="" type="checkbox"/>				
4.5	Wall Condition	<input checked="" type="checkbox"/>				
4.6	Floor Condition	<input checked="" type="checkbox"/>				
4.7	Smoke Detectors	<input checked="" type="checkbox"/>				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination	<input checked="" type="checkbox"/>				
4.3	Window Condition	<input checked="" type="checkbox"/>				
4.4	Ceiling Condition	<input checked="" type="checkbox"/>				
4.5	Wall Condition	<input checked="" type="checkbox"/>				
4.6	Floor Condition	<input checked="" type="checkbox"/>				
4.7	Smoke Detectors	<input checked="" type="checkbox"/>				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		

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#3 1963

4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓	✓		NEED SERVICE REPAIR	
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓	✓		AC NOT WORK	
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓	✓		AC NOT WORK	
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards					
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

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Updated June 7, 2021

31963





Inspection Report

Name of Community: DUNLAP Royal RD
 Apartment No.: #4 1963
 Date of Inspection: 6/27/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓				
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition		✓		Floor Settles	
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical		✓		Open Ground	
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical			✓	No Outlet	
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition			✓	Floor Slopes to Sink	
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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#4 1963



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location 7	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition <i>CONDOSLOW Bedroom</i>				<i>CONDOSLOW DWURAW</i>	
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location 11	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		
4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location 7	(Circle One) Right/Center/Left		(Circle One) Front/Center/ Rear ___ Floor Level		

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4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition		✓		MOLD	
4.6	Floor Condition					
4.7	Smoke Detectors	✓				
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms		✓		MOLD IN FURNACE CLOSET	
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters		✓			
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment		✓		AC NOT COOL PROPER	
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

Updated June 7, 2021



4 1963



Inspection Report

Name of Community: DUNLAP ROYAL APT.
 Apartment No.: #5 1963
 Date of Inspection: 6/27/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓		✓	OPEN CROWN	
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical	✓				
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical	✓				
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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#5 1963



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/ Rear ___ Floor Level	

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#5 1963

4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters			✓		
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	1				
8.7	Other Interior Hazards					
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

Updated June 7, 2021

#51963





Inspection Report

Name of Community: DUNLAP ROYAL APT
 Apartment No.: #G 1963
 Date of Inspection: 6/21/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓				
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?					
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical			✓	OPEN CIRCUIT?	
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical			✓	NO OUTLET	
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation			✓	NO POWER	
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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#G 1963



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/> F	(Circle One) Right/Center/Left			(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/> 1	(Circle One) Right/Center/Left			(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/ Rear ___ Floor Level	

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4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney					
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards					
8.8	Elevator					
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
2 = Dining Room or Dining Area; 3 = Entrance Halls, Corridors, Halls, Staircases

Updated June 7, 2021

Planning and Community Development

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6 1963





Inspection Report

Name of Community: DUNLAP ROYAL APT
 Apartment No.: #7 1963
 Date of Inspection: 6/21/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical			✓	OPEN GROUND	
1.3	Window Condition	✓				
1.4	Ceiling Condition	✓				
1.5	Wall Condition	✓				
1.6	Floor Condition	✓				
1.7	Are all painted surfaces free of deteriorated paint?	✓				
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?	✓				
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical		✓		OPENING AT PANEL COVER	
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical	✓				
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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#7 1963



3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/ Rear ___ Floor Level	
4.2	Electrical/Illumination	✓				
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/ Rear ___ Floor Level	

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4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.		Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney	✓				
	7. Heating and Plumbing					
7.1	Type of Heating Equipment	✓				
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓				
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety					
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards	✓				
8.8	Elevator					
8.9	Interior Air Quality					
8.10	Site and Neighborhood Conditions	✓				

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Updated June 7, 2021

7 1963





Inspection Report

Name of Community: DUNCAN ROYAL OVA
 Apartment No.: # 8 1963
 Date of Inspection: 6/27/2022

Item No.	1. Living Room	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present	✓				
1.2	Electrical	✓	✓		OPEN CIRCUITS	
1.3	Window Condition					
1.4	Ceiling Condition					
1.5	Wall Condition					
1.6	Floor Condition					
1.7	Are all painted surfaces free of deteriorated paint?					
1.8	If not, do deteriorated surfaces exceed two square feet per room and /or is more than 10% of a component?					
	2. Kitchen	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
2.1	Kitchen Area Present	✓				
2.2	Electrical	✓	✓		OUTLET OPEN CIRCUITS	
2.3	Window Condition	✓				
2.4	Ceiling Condition	✓				
2.5	Wall Condition	✓				
2.6	Floor Condition	✓				
2.7	Stove or Range with Oven	✓				
2.8	Sink	✓				
2.9	Counter Tops	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present	✓				
3.2	Electrical				NO OUTLET	
3.3	Window Condition	✓				
3.4	Ceiling Condition	✓				
3.5	Wall Condition	✓				
3.6	Floor Condition	✓				
3.7	Flush Toilet in Enclosed Room Unit	✓				
3.8	Fixed wash basin or Lavatory in Unit	✓				
3.9	Tub or Shower in Unit	✓				
3.10	Ventilation	✓				
	3. Bathroom	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)

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3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	3. Bathroom	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
3.1	Bathroom Present					
3.2	Electrical					
3.3	Window Condition					
3.4	Ceiling Condition					
3.5	Wall Condition					
3.6	Floor Condition					
3.7	Flush Toilet in Enclosed Room Unit					
3.8	Fixed wash basin or Lavatory in Unit					
3.9	Tub or Shower in Unit					
3.10	Ventilation					
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left	(Circle One) Left	(Circle One) Front/Center/ Rear	_____ Floor Level	
4.2	Electrical/Illumination	✓	✓			open space
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left	(Circle One) Left	(Circle One) Front/Center/ Rear	_____ Floor Level	
4.2	Electrical/Illumination	✓	✓			open space
4.3	Window Condition	✓				
4.4	Ceiling Condition	✓				
4.5	Wall Condition	✓				
4.6	Floor Condition	✓				
4.7	Smoke Detectors	✓				
	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In – Conc.		Final Approval Date (mm/dd/yyyy)
4.1	Room Code*and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left	(Circle One) Left	(Circle One) Front/Center/ Rear	_____ Floor Level	

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8 1963



4.2	Electrical/Illumination					
4.3	Window Condition					
4.4	Ceiling Condition					
4.5	Wall Condition					
4.6	Floor Condition					
4.7	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					
Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation	✓				
6.2	Condition of Stairs, Rails, and Porches	✓				
6.3	Condition of Roof/Gutters	✓				
6.4	Condition of Exterior Surfaces	✓				
6.5	Condition of Chimney	✓				
	7. Heating and Plumbing	✓				
7.1	Type of Heating Equipment	✓		✓	RC NOT COOLING	
7.2	Safety of Heating Equipment	✓				
7.3	Ventilation/Cooling	✓		✓		
7.4	Water Heater	✓				
7.5	Type of Water Supply	✓				
7.6	Plumbing	✓				
7.7	Sewer Connection	✓				
	8. General Health and Safety	✓				
8.1	Access to Unit	✓				
8.2	Fire Exits	✓				
8.3	Evidence of Infestation	✓				
8.4	Garbage and Debris	✓				
8.5	Refuse Disposal	✓				
8.6	Interior Stairs and Common Halls	✓				
8.7	Other Interior Hazards	✓				
8.8	Elevator	✓				
8.9	Interior Air Quality	✓				
8.10	Site and Neighborhood Conditions	✓				

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room);
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8 1963





Paris Pressley REI

1951 Dunlap Ave. East Point, GA

























Paris Pressley REI

1963 Dunlap Ave. East Point, GA.







063

CP



6

Switch with orange handle

Switch with orange handle

Switch with orange handle

Switch with green handle

6

6

meter

5

5

meter

8

8

meter

7

7

meter

4

4

meter

3

3

meter

2

2

meter

1

1

meter

Switch with orange handle

Switch with orange handle

Open switch box with wiring

Switch with black handle























Paris Pressley REI

1955 Dunlap Ave. East Point, GA.















Pressley RE

1947 Dunlap Ave. East Point, GA

















Classic MIX

18 BAGS

Ruffles

Fritos

Doritos

Bu







406.007
48154 05126

05126

05126

FOL-GRIP
Rolled Massic Sealant
www.carlisberg.com







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NSF®



NSF® PW-G U.P. Code

15F ASTM



3/4

Goodman





Goodman

WARNING
READ INSTRUCTIONS
BEFORE OPERATING
THIS APPLIANCE
FOR YOUR SAFETY
SEE THE BACK OF THIS UNIT
FOR IMPORTANT SAFETY
INFORMATION
DO NOT ATTEMPT TO
REPAIR OR SERVICER
THIS UNIT YOURSELF
IF YOU ARE NOT A
QUALIFIED SERVICE
TECHNICIAN
CALL A QUALIFIED
SERVICE TECHNICIAN
FOR ASSISTANCE
IF YOU ARE
UNSURE OF THE
CORRECT
PROCEDURE
FOR THE
CORRECT
OPERATION
OF THIS
UNIT
SEE THE
BACK OF
THIS UNIT
FOR
IMPORTANT
SAFETY
INFORMATION

2

WARNING
RISK OF ELECTRIC SHOCK. CAN CAUSE DEATH OR SERIOUS INJURY IF ELECTRICAL POWER SUPPLIES ARE NOT DISCONNECTED BEFORE SERVICING THIS COMPARTMENT MUST BE CLOSED EXCEPT WHEN SERVICING.

AVERTISSEMENT
RISQUE DE CHOC ÉLECTRIQUE. PEUT CAUSER LA MORT OU DES BLESSURES GRAVES SI LE COMPARTIMENT N'EST PAS FERMÉ SAUF PENDANT LE SERVICE.

ADVERTENCIA
RIESGO DE GOLPES ELÉCTRICOS QUE PUEDEN CAUSAR LA MUERTE O LESIONES GRAVES SI SE MANTIENE EL COMPARTIMENTO ABIERTO SIN CERRARLO DURANTE EL SERVICIO.

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Air Conditioning
pana



11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100







bryant

WARNING
READ INSTRUCTIONS
BEFORE OPERATING
THIS APPLIANCE
FOR YOUR SAFETY
SEE THE WARNING LABELS
ON THE APPLIANCE
FOR ADDITIONAL
SAFETY INFORMATION
BRYANT

Shurtz's AF-100
AF-100
AF-100