



OHIO DEPARTMENT OF TRANSPORTATION

Real Estate Administration, Northwest Region Office

241 Stanford Parkway, Findlay, Ohio 45840

(419) 422-3035 1-800-645-3312 FAX (419) 424-3509

TO CITY of NAPLES, BRENT DAMON

FROM Gene Bell

DATE OF FAX TRANSMISSION 7/30/03

TELEPHONE FAX NO. _____

NUMBER OF PAGES INCLUDING COVER 2

COMMENTS:

RE 116
Form 8-81

STATE OF OHIO
DEPARTMENT OF TRANSPORTATION
BUREAU OF RELOCATION ASSISTANCE

HEN 108-1553
County Route Section
6-0
Unit Parcel No.
State Job No.

DWELLING INSPECTION
(Decent, Safe & Sanitary)

Occupant Pearl and Alphonso Balleza
Address of Replacement Dwelling 112 W. MAUMEE AVE Napoleon, Ohio 43545

Type Housing:	Number of Occupants:	Description of Dwelling:
Single Family Residence (X)	No. Male Adults <u>1</u>	Type Construction <u>Frame</u>
Multi-Unit Dwelling ()	No. Female Adults <u>1</u>	Total No. Rooms <u>6</u>
Duplex ()	No. Male Children <u> </u>	Number of Bedrooms <u>3</u>
Mobile Home ()	No. Female Children <u> </u>	Number of Bathrooms <u>2</u>
Sleeping Room ()	Total No. Occupants <u>2</u>	
Other <u> </u>		

GENERAL CONDITIONS OF REPLACEMENT DWELLING

	Yes	No		Yes	No
Adequate water supply	<input checked="" type="checkbox"/>	()	Adequate heating system	<input checked="" type="checkbox"/>	()
Adequate sewage disposal system	<input checked="" type="checkbox"/>	()	Adequate electrical system	<input checked="" type="checkbox"/>	()
Building structurally sound	<input checked="" type="checkbox"/>	()	Properly ventilated	<input checked="" type="checkbox"/>	()
Adequate living space	<input checked="" type="checkbox"/>	()	Meets egress requirements	<input checked="" type="checkbox"/>	()

KITCHEN FEATURES

	Yes	No		Yes	No
Sink in good working order	<input checked="" type="checkbox"/>	()	Utility service connections	<input checked="" type="checkbox"/>	()
Sink connected to hot/cold water	<input checked="" type="checkbox"/>	()	Space for installing appliances	<input checked="" type="checkbox"/>	()
Sewage disposal system	<input checked="" type="checkbox"/>	()			

BATHROOM FEATURES

	Yes	No		Yes	No
Separate bathroom area	<input checked="" type="checkbox"/>	()	Flush water closet	<input checked="" type="checkbox"/>	()
Ventilated	<input checked="" type="checkbox"/>	()	Connected to sewage disposal	<input checked="" type="checkbox"/>	()
Tub or shower	<input checked="" type="checkbox"/>	()	Affords privacy	<input checked="" type="checkbox"/>	()
Lavatory	<input checked="" type="checkbox"/>	()	Well lighted	<input checked="" type="checkbox"/>	()
Hot and cold water	<input checked="" type="checkbox"/>	()			

COMMENTS: (Explain any variance of above.) Basement IN FAIR CONDITION - Residence
is 90 yrs old - Central air

AGENCY CERTIFICATION

I hereby certify that the dwelling located at the above address has been inspected by me and that it presently meets the standards for Decent, Safe and Sanitary Housing. A determination by the undersigned that a dwelling meets the standards for decent, safe and sanitary housing is made solely for the purpose of determining the eligibility of relocated individuals and families for payment under the Relocation Assistance Program and is not a representation for any other purpose. THE DEPARTMENT ASSUMES NO RESPONSIBILITY OR LIABILITY FOR ANY PROBLEMS WHICH MAY ARISE WITH THE PROPERTY. Inspected by: Jane Bell Date: 5-2-03

CONFORMS TO LOCAL CODE INSPECTION: YES () NO ()

Local Public Agency: Inspector: Date:

DISPLACED ACKNOWLEDGEMENT

I understand that this report is made solely for the purpose of determining my eligibility for a replacement housing payment that this report, the representations, conversations, assurances or statements of the State's representative do not provide an assurance, guarantee or warranty that there are no deficiencies in the dwelling, or that its fixtures or equipment meet or conform to building codes or requirements of any political subdivision of this State which has jurisdiction over such matter. I further understand that THE OHIO DEPARTMENT OF TRANSPORTATION DOES NOT ASSUME ANY LIABILITY OR RESPONSIBILITY FOR STRUCTURAL, MECHANICAL OR UNFORESEEN PROBLEMS WHICH MAY ARISE AT ANY TIME WITH THE PROPERTY.

Displacee Signature: Pearl B. Balleza Date: 05-23-03