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| **COLORADO DEPARTMENT OF TRANSPORTATION****REPLACEMENT HOUSING INSPECTION** | Project Code       |
| Parcel No       |
| Project No       |
| Location       |
| Name of Displaced Person(s)       |
| Address of Property Inspected       |

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| Building Type (i.e. single family, duplex, apartment, etc.)       |
| Construction Type (i.e. 1 story frame, 1 ½ story brick, etc.)       |
| Approximate structure age       | Lot Size       sq. ft. | Total number of rooms       |
| Number of Bedrooms       | Number of baths       | Habitable floor space       sq. ft. |
| Floor space is divided into sufficient rooms for this family [ ]  yes [ ]  no |
| Decent, Safe, and Sanitary dwellings must meet applicable housing and occupancy codes and at a minimum shall meet the following standards: |
| Kitchen/Kitchen Area:* Sink properly connected to portable hot and cold water and to a sewage drainage system
* Adequate space and utility service connections to accommodate a stove and refrigerator

Bathroom:* Separate, well lighted and ventilated bathroom that provides privacy to the user
* Sink, bathtub or shower stall, and a toilet, all in good working order and properly connected to appropriate sources of water and to a sewage drainage system

General:* Building structurally sound, weather tight and in good repair
* Safe electrical wiring system adequate for lighting and other devices
* Heating system capable of sustaining a healthful temperature (of approximately 70 degrees)
* Adequate in size with respect to the number of rooms and area of living space to accommodate the displaced person(s)
* Number of persons occupying each habitable room used for sleeping purposes shall not exceed that permitted by local housing codes, or, in the absence of local codes, the policies of CDOT
* Separate bedrooms for children of the opposite gender included in local housing codes or in the absence of local codes, the policies of CDOT
* Unobstructed egress to safe, open space at ground level
* Free of any barriers which would preclude reasonable ingress, egress, or use of dwelling for a disabled person(s)
 | **[ ]** Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| This dwelling was inspected based on the criteria set forth for Decent, Safe, and Sanitary housing according to 49 CFR Part 24. Any deficiencies have been noted under remarks and include if reasonable repairs can be made to meet standards. The Real Estate Specialist performing the inspection is not a professional inspector and this inspection should not be a substitute for a professional inspection by a certified inspector. |
| Inspection made by:       | Date:       |
| **REMARKS:**       |