

101 East State Street  
Olean, NY 14760

**City of Olean**  
[www.cityofolean.org/ofd/codes](http://www.cityofolean.org/ofd/codes)  
**Property Inspection Form**

Phone: 716.376.5683

Fax: 716.376.5707

[codes@cityofolean.org](mailto:codes@cityofolean.org)

AM/PM

Property Address \_\_\_\_\_ Inspection Date/Time \_\_\_\_\_ Inspector \_\_\_\_\_

Owner Name & Phone Number \_\_\_\_\_ Occupant Name & Phone Number \_\_\_\_\_ Last Inspection Date \_\_\_\_\_

**\* Is a mandatory pass to receive a Certificate of Occupancy**

<u>Item</u>	<u>Exterior</u>	<u>Pass</u>	<u>Fail</u>	<u>N/A</u>	<u>Comments</u>
1.	Address numbers visible on blg (4" min) *				
2.	General appearance: Free of trash/litter *				
3.	Sidewalk/driveway: No tripping hazard				
4.	Gutters/ Downspouts: Free of holes/leaks				
5.	Roofing Material: No obvious sign of defect *				
6.	Exterior Structure: Maintained/good repair *				
7.	Means of egress free and unobstructed *				
8.	Garbage/Rubbish storage containers *				
9.	Handrails: where necessary *				
10.	Foundation: Maintained/good repair *				
11.	Window/Doors: operating, proper hardware *				
12.	Grass & Weeds				
13.	Accessory Structure				

<u>Item</u>	<u>Interior</u>	<u>Pass</u>	<u>Fail</u>	<u>N/A</u>	<u>Comments</u>
1.	Clean, Safe and Sanitary *				
2.	Potable Water Supply *				
3.	Sinks; Kitchen, bathroom *				
4.	Windows/Doors: operating, proper hardware *				
5.	Ceiling/Walls: Free of cracks, breaks & holes				
6.	Floor: Free of tripping hazards & in good cond. *				
7.	Shower(s), Bathtub(s), Toilets-in good condition *				
8.	Handrail(s) *				
9.	GFI outlets within 6' of water				
10.	Bathroom: Mech. or natural ventilation *				
11.	Plumbing: Hot & cold water *				
12.	Electric Hazard: Cover plates, exposed wires, main panel *				
13.	Mechanical System: HVAC/Hot water heater *				
14.	Smoke/CO2 Detectors-fire alarm system *				
15.	Sprinkler System: obstructed				
16.	Kitchen: Stove/fridge good working cond. *				

**Certificate of Occupancy issue Date:** \_\_\_\_\_ **Pass** \_\_\_\_\_ **Fail** \_\_\_\_\_ **Reinspection required in** \_\_\_\_\_ **days**

Code Enforcement Officer

Date