

DECENT, SAFE, AND SANITARY HOUSING INSPECTION

North Dakota Department of Transportation, Environmental & Transportation Services

SFN 17307 (9-2017)

Project Control Number	Project Number	Primary Parcel Number	
Additional Parcel(s)			
Full Name of Displaced Person(s)			
Address	City	State	ZIP Code
Address of Dwelling Being Inspected	City	State	ZIP Code

INSPECTION ITEMS	COMMENTS
<input type="checkbox"/> Water	
<input type="checkbox"/> Kitchen	
<input type="checkbox"/> Heating System	
<input type="checkbox"/> Bathroom	
<input type="checkbox"/> Electric System	
<input type="checkbox"/> Structure	
<input type="checkbox"/> Egress	
<input type="checkbox"/> Adequate in Size	
<input type="checkbox"/> Handicapped Requirements	
<input type="checkbox"/> Roofs	
<input type="checkbox"/> Plumbing	
<input type="checkbox"/> Foundation	

I certify that I have inspected the subject dwelling on this date and verified that it meets D.S. & S. requirements.

ND Department of Transportation	Date Approved
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