



Department of
Licenses and Inspections
CITY OF PHILADELPHIA

Upload completed forms through the "Submit an Annual Certification Report" option in eCLIPSE www.eclipse.phila.gov.

Summary Inspection Form

Use this form to provide inspection information and results of the three mandatory program inspections listed below.

Inspection Type

Complete a separate form for each inspection.

1

Indicate which type of inspection is completed:

Pier Private Bridge Exterior Wall and Appurtenance

Property Information

- Provide the property address where the testing will be performed. Address must be the address assigned by OPA.
- Indicate the type of occupancy and if the property is listed as historic.
- Indicate the year constructed and the date of the inspection report.

2

Address: _____

Occupancy Type: _____ Designated as Historic: Yes No

Year Constructed: _____ Inspection Report Date: _____

Building Owner/Owner's Agent

Provide the contact information for the building owner/owner's agent.

3

Name: _____

Address: _____

Email: _____ Phone: _____

Professional Performing and Responsible for Inspection

The contractor must provide their contact information and license number, then sign and date.

- (a) Provide the contact information for the professional responsible for the inspection and the professional report.
- (b) Provide company information for the professional.

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(a) Professional Information

Name: _____ License #: _____

Email: _____ Phone: _____

(b) Company Information

Company Name: _____

Email: _____ Phone: _____

Description of Inspection

- (a) Pier
- (b) Private Bridge
- (c) Exterior Wall and Appurtenance

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(a) Pier

Principal Function: _____

(b) Private Bridge

Pedestrian Vehicular Equipment Only

Bridge located entirely on address "A" Bridge connects address "A" to address "B"

Address "A": _____ Address "B": _____

Clearance above Right-of-Way spanned: _____

(c) Exterior Walls and Appurtenances

No. of stories of structure: _____ Height: _____ Exterior wall type: _____



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Structural and/or Exterior Wall Assessment Rating

Select the assessment rating based upon the inspection results. The definition of each rating category is located under the assessment rating.

• **Safe w/ Repair & Maintenance Program**

When repairs are completed and a "Safe" assessment is deemed, the Professional shall submit a new inspection form.

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SAFE

- No visible damage or only minor to moderate defects or deterioration observed, but no overstressing observed.
- Structural and/or exterior wall elements may show very minor deterioration, but no overstressing observed.
- No repairs are required.

SAFE WITH REPAIR & MAINTENANCE PROGRAM

- All primary structural and/or exterior wall elements are sound, but minor to moderate defects or deterioration observed.
- Areas of moderate to advanced deterioration may be present, but do not significantly reduce the capacity of the structure.
- Repairs are recommended and may need to be carried out within the time frame designated by the Professional or by such time necessary to prevent a condition from becoming an unsafe condition, whichever is sooner.
- Required repairs must be described in an engineer's report and uploaded with this certification.
- Upon completion of the repairs, the Professional shall complete a post repair inspection and submit a new inspection form.

UNSAFE / IMMINENT DANGER

- A condition of which any part thereof this is dangerous to persons or property and in need of prompt remedial action. The engineer's report shall be submitted when this level of assessment rating is selected.
- The Department of Licenses and Inspections Emergency Services Unit shall be notified by phone (215-686-2480) within 12 hours of discovery and a report containing details of the condition and recommended temporary safety measures shall be uploaded with this summary inspection report.

FOR OWNER / OWNERS REPRESENTATIVE:

I hereby state that I am the owner / owner's representative of the premises referenced in the inspection report. Furthermore, I have received and read a copy of the full report and I am aware of the required repairs and/or maintenance and protective measures, if any, and the recommended time frame for same. I certify that all items noted for action in the previous cycle's report have been corrected / repaired.

Signature of Owner / Owner Representative: _____ Date: _____

FOR PROFESSIONAL:

I hereby state that the owner / owner's representative has authorized the submission of this report on the owner / owner's representative's behalf. Furthermore, I hereby state that all report requirements have been met and that all statements are correct and complete to the best of my knowledge. A copy of this report has been given to the owner / owner's representative

Signature of Professional: _____ Date: _____



Affix Seal Here