

# INSPECTION CERTIFICATION: RELOCATION DWELLING DECENT, SAFE AND SANITARY (DSS)

NORTH DAKOTA DEPARTMENT OF COMMERCE  
DIVISION OF COMMUNITY SERVICES  
SFN 62237 (09/22)

Project Name		Contract Number		
Relocation Case Number (if applicable)		<input type="checkbox"/> 180 Day Owner	<input type="checkbox"/> 90 Day Occupant	
Acquisition Parcel Number (if applicable)		<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	
Names of Displaced Occupants				
Displacement from Dwelling Address		City	State	ZIP Code
Unit Number		Telephone Number		
Replacement to Dwelling Address		City	State	ZIP Code
Unit Number	Telephone Number		<input type="checkbox"/> Owned	<input type="checkbox"/> Rented
Replacement Dwelling Type				
<input type="checkbox"/> Single Family <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel Room/Dorm <input type="checkbox"/> Condo/Co-op <input type="checkbox"/> Mobile Home				

## INSPECTION REPORT

Does the replacement dwelling conform with the following standards for DSS Housing?

DSS Standard/Criterion	Yes	No	N/A
Conforms to all local housing and occupancy codes? (Is 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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household Size	Number of Bedrooms		
Structurally sound, weather tight, and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contains a heating (HVAC) system able to maintain 70° Fahrenheit in living area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate, safe electrical wiring system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom facilities: Separate, well lighted & ventilated, sink, bathtub/shower, and toilet? (private, hot/cold water to sink, shower/tub, sewer connection, flush toilet water closet – all in working order.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen facilities conform to DSS standards? (hot/cold water to sink, connected to sewer, range/ stove and refrigerator space & utility connections, all in working order)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has adequate unobstructed access/ egress to safe, open space at ground level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can property accommodate a disabled person, free of barriers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No," describe improvements needed to eliminate property barriers to free ingress, egress, or use of property as required to accommodate disabled person(s) prior to occupancy			

**CERTIFICATION**

<input type="checkbox"/> I certify, to the best of my knowledge, based on visual inspection of the property, the <b>replacement dwelling meets the standards</b> for decent, safe, and sanitary housing, both according to local housing codes and in <b>49 CFR Part 24</b> for federally assisted projects.
<input type="checkbox"/> I certify that the dwelling <i>does not presently conform</i> to DSS requirements but can conform by accomplishing the following modifications prior to purchase and occupancy. (attach pages if necessary.)

Inspector Name	Inspector Signature	Date
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