DECENT, SAFE, AND SANITARY HOUSING INSPECTION

North Dakota Department of Transportation, Environmental & Transportation Services
SFN 17307 (Rev. 01-2009)

Project Control Number

Project Number

Primary Parcel Number

Additional Parcel(s)

Name of Displaced Person

Address, City, State, Zip

Address of Dwelling Being Inspected

INSPECTION ITEMS	COMMENTS
☐ Water	
☐ Kitchen	
☐ Heating System	
☐ Bathroom	
☐ Electric System	
☐ Structure	
☐ Egress	
☐ Adequate in Size	
☐ Handicapped Requirements	
☐ Roofs	
☐ Plumbing	
☐ Foundation	

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

x _____ _____

North Dakota Department of Transportation — Date