



# COMMERCIAL / NON-RESIDENTIAL INSPECTION CHECKLIST

CITY OF SUMMIT

## DEPARTMENT OF COMMUNITY SERVICES

512 Springfield Avenue

Summit, New Jersey 07901



Address:	Block:	Lot:	Zone:
Owner:	Realtor:		
Owner Address:	Contact Phone:		
	Inspection Date:		
Sale: <input type="checkbox"/> Rental: <input type="checkbox"/> Compliance: <input type="checkbox"/>	Reinspection Date:		
Inspector:	OK Date:		

**NOTE:** "Inspector check-off" is to be marked as the inspection is made. Mark the column NP for items "not provided", NA for items "not applicable", and with a check mark for those present. Check off the "Violations" column if there are any problems with the items. Explain violations as needed in "Remarks".

Insp. Check-Off	Inspection Item:	Violation:
<b>1) Interior Areas</b>		
<input type="checkbox"/>	<b>a) Means of Egress – Primary</b>	
	i) Location	( )
	ii) Exit Sign	( )
	iii) Emergency Lighting	( )
	iv) Doors (Corridor, Stairwell, etc)	( )
	v) Fire rated walls / ceilings	( )
	vi) Tenant entry doors marked / numbered	( )
<input type="checkbox"/>	<b>b) Means of Egress - Secondary</b>	
	i) Location	( )
	ii) Exit Sign	( )
	iii) Emergency Lighting	( )
	iv) Doors (Corridor, Stairwell, etc.)	( )
	v) Fire rated walls/ceilings	( )
<input type="checkbox"/>	<b>c) Bathroom and Lavatories</b>	
	i) Barrier Free	( )
	ii) Basins	( )
	iii) Toilets	( )
	iv) Urinals	( )
	v) Ventilation	( )
<input type="checkbox"/>	<b>d) Storage Areas</b>	
	i) Materials Stored:	( )
	ii) Neat and Orderly	( )
<input type="checkbox"/>	<b>e) Elevators (Number: )</b>	
	i) Floor levels Marked	( )
	ii) Emergency Signs	( )
	iii) Operates Normally	( )
	iv) Last Test Date ( / / )	( )
<input type="checkbox"/>	<b>f) Fire Protection Elements</b>	
	i) Sprinklers	( )
	ii) Smoke Detectors (Type: )	( )
	iii) Manual Alarm Systems	( )
	iv) Monitored by: ( )	( )
<input type="checkbox"/>	<b>g) General Maintenance of Interior</b>	
	i) Walls, Ceilings, Floors	( )
	ii) Rodent / Insect Infestation	( )
	iii) Electrical Service	( )
	iv) Gas Service	( )
	v) Water Service	( )
	vi) Doors Identified (Mechanical, Storage, Janitor, Equipment, etc.)	( )
<input type="checkbox"/>	<b>h) Other Interior Items (Specify in Remarks)</b>	
<b>2) Exterior Areas</b>		
<input type="checkbox"/>	<b>a) Building</b>	
	i) Roof	( )
	ii) Walls	( )
	iii) Windows	( )
	iv) Doors	( )

<input type="checkbox"/>	<b>b) Signs</b>	
	i) General Condition	(      )
	ii) Mounting, Posts, Hardware, etc	(      )
	iii) Locations	(      )
	iv) Building Numbered	(      )
<input type="checkbox"/>	<b>c) Parking Areas</b>	
	i) Handicapped Space	(      )
	ii) Handicapped Sign	(      )
	iii) Condition of Parking and Driveway Surfaces	(      )
	iv) Curbs	(      )
<input type="checkbox"/>	<b>d) Sidewalks on Right of Way</b>	
	i) Unobstructed by shrubs, trees, etc	(      )
	ii) General Condition	(      )
	iii) Slabs Lifted/Cracked by City Trees	(      )
<input type="checkbox"/>	<b>e) Sight Triangle</b>	
<input type="checkbox"/>	<b>f) General Cleanliness of Property</b>	
<input type="checkbox"/>	<b>g) Trash Containers (Type:      )</b>	
	i) Sufficient Number	(      )
	ii) Cover/Lids	(      )
<input type="checkbox"/>	<b>h) City Trees</b>	

## **REMARKS:**

**PLEASE NOTE:** An asterisk (\*) means a permit may be required. Contact the Department of Community Services Zoning Division at (908-273-6407). Curb & Sidewalk work requires a permit and inspection by the Engineering Division.

**INSPECTOR SIGNATURE:** \_\_\_\_\_ **Signature Date:** \_\_\_\_\_  
**FOR OFFICE USE ONLY:**  
**Date Mailed:** \_\_\_\_\_ **By:** \_\_\_\_\_