



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:
1) Interior Areas		
<input type="checkbox"/>	a) Means of Egress – Primary	
	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) Means of Egress - Secondary	
	i) Location	()
	ii) Exit Sign	()
	iii) Emergency Lighting	()
	iv) Doors (Corridor, Stairwell, etc.)	()
	v) Fire rated walls/ceilings	()
<input type="checkbox"/>	c) Bathroom and Lavatories	
	i) Barrier Free	()
	ii) Basins	()
	iii) Toilets	()
	iv) Urinals	()
	v) Ventilation	()
<input type="checkbox"/>	d) Storage Areas	
	i) Materials Stored:	()
	ii) Neat and Orderly	()
<input type="checkbox"/>	e) Elevators (Number:)	
	i) Floor levels Marked	()
	ii) Emergency Signs	()
	iii) Operates Normally	()
	iv) Last Test Date (/ /)	()
<input type="checkbox"/>	f) Fire Protection Elements	
	i) Sprinklers	()
	ii) Smoke Detectors (Type:)	()
	iii) Manual Alarm Systems	()
	iv) Monitored by: ()	()
<input type="checkbox"/>	g) General Maintenance of Interior	
	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"/>	h) Other Interior Items (Specify in Remarks)	
2) Exterior Areas		
<input type="checkbox"/>	a) Building	
	i) Roof	()
	ii) Walls	()
	iii) Windows	()
	iv) Doors	()

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

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:** _____