**STATE OF OHIO**

**DEPARTMENT OF TRANSPORTATION**

**STRUCTURE INSPECTION REPORT**

|  |  |  |
| --- | --- | --- |
|  | County: |  |
| Inspector(s) for ODOT | Route: |  |
|  | Section: |  |
|  | Parcel(s): |  |
| ODOT Address and Phone Number of Inspector | State Job No**.:**  |
|  |  |
|  |  |
| Owner/Tenant and Telephone After Moving | Owner/Tenant Address After Moving |
|  | PID No.**:** |
|  | Agreed Possession Date:  **date.** |
| Location of State-Owned Property | Date Moved: **T**ap to enter a date. |
|  |  |

Date Inspected: Click or tap to enter a date. Time Inspected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Description of Structures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned agent for the State of Ohio, have inspected the above identified structure(s) and attest that all items of realty as set forth in the RE 95 are [ ]  or are not [ ]  present this date. I have accepted possession the \_\_\_\_\_\_\_\_\_\_\_\_\_ day of Click or tap to enter a date. And hereby authorize the Closing Agent to deliver the holdback monies subject to the following conditions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 District Representative Date

I, the undersigned owner [ ]  agent for the owner [ ]  hereby give possession of the subject structure(s) to the State of Ohio on this date, and hereby acknowledge that I was advised that the holdback monies withheld are now available to me from the Closing Agent subject to the conditions that are mentioned in the above portion of the Structure Inspection Report.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Owner / Agent for Owner Date

Structure will be: Rented [ ]  Not Rented [ ]

Overall Condition of Structure(s): Good [ ]  Average [ ]  Poor [ ]

Utilities: On Off Meter In Out

Gas [ ]  [ ]  [ ]  [ ]

 Water [ ]  [ ]  [ ]  [ ]

 Electric [ ]  [ ]  [ ]  [ ]

If the structure is to be demolished the meters need to be turned off and removed.

 Yes No

 Meters Turned Off: [ ]  [ ]

 Meters Removed: [ ]  [ ]

Keys Received From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: Click for date/time.

Structure Winterized: Yes [ ]  No [ ]  Water Tank Drained: Yes [x]  No [ ]

Structure Secured (Doors and Windows Locked) Yes [ ]  No [ ]

Detection of Rodent Infestation: Yes [ ]  No [ ]  Heavy [ ]  Medium [ ]  Light [ ]

Date Treated: Click or tap to enter a date. Number of Rodenticide Packets Placed:

Date Retreated: Click or tap to enter a date. Number of Rodenticide Packets Placed:

Follow Up Date: Click or tap to enter a date.

|  |
| --- |
| Action Taken |
|  |
|  |
|  |
| Hazards Noted and Action Taken |
|  |
|  |
|  |
| Additional Comments |
|  |
|  |