



## BALTIMORE CITY RENTAL LICENSE INSPECTION FORM

One form must be returned for each unit inspected.  
(The checklist should be completed at the time of inspection.)

Note: Please refer to the Inspector Guidance document before you begin the inspection.

### Inspector Information:

Name: GEORGE FAIR Email: GEORGE@GEORGEFAIR.COM  
Address: PO Box 38 BALDWIN, MD 21013 Phone: 410-446-4970  
Company Name: MID ATLANTIC HOME INSPECTIONS, INC  
State License #: 29424

Authorization: I certify that I am a Maryland State Licensed Home Inspector who is registered with  
Baltimore City's Department of Housing and Community Development.

Interest: I certify that neither I, nor any partner, director, officer employee or agent of mine, or my  
business has any financial interest in: the rental dwelling unit inspected; the owner or operator of the  
rental dwelling unit; or any owner, partner, director, officer, employee, or agent of the rental dwelling  
unit's owner or operator.

Certification of Satisfactory Compliance: I confirm that the following is the result of the inspection I  
have performed.

The unit passed the Rental Inspection Checklist and Addendum, where applicable. ☒ Yes or ☐ No

Signature: [Signature] Inspection Date: 7/16/22

### Property Information:

Physical Address: 1915 McHENRY ST Unit #: \_\_\_\_\_

Home Type: ☐ 1-2 Family Detached ☐ 1-2 Family Rowhome ☐ 1-2 Family Semi Detached  
☐ Multi-Unit Rowhome ☐ Multi-Unit High Rise ☐ Multi-Unit Garden Style Apts.  
☐ Condo

Number of bedrooms in unit: \_\_\_\_\_ Number of units in building: \_\_\_\_\_

### Requestor Information:

Name of person requesting inspection: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Check one: ☐ Owner ☐ Manager ☐ Resident Agent ☐ Other (specify) \_\_\_\_\_



### RENTAL INSPECTION CHECKLIST

Item		Inspection		Re-inspection (if necessary)	
		Pass or Fail	Date	Pass or Fail	Date
A.	Railing is present for interior & exterior steps with more than 3 risers.	PASS	7/16/22		
B.1	Gas service is metered and active.				
B.2	Electric service is metered and active.				
C.	Electrical live wires are not visible in living areas.				
D.1	Electrical outlets are protected by cover plates.				
D.2	Lighting fixtures are functional and switches protected by cover plates.				
E.	Smoke Detectors are properly installed and operational.				
F.	Carbon Monoxide Alarms are properly installed and operational. (Enter N/A if not applicable)				
G.1	There is both hot and cold running water with the hot water having a minimum temperature of 110°F.				
G.2	Plumbing fixtures do not leak.				
G.3	All toilets properly flush.				
H.	Property appears to be free of interior leaks from water supply and waste lines.				
I.1	Windows, which are designed to do so, open and close and have a working locking mechanism.				
I.2	All entry doors to individual units close and have a working locking mechanism.				
J.	Exterior walls and interior ceilings, are free of openings that will allow the entry, into the home, of weather elements such as rain, snow, etc.				
K.	Exterior gutter and downspout system is installed and designed to channel water away from the property.				
L.	The property has an operable heat supply system.	PASS	7/16/22		

Rental Address: 1915 McHARRY ST Unit #: \_\_\_\_\_ Inspector's Initials: MJ





BALTIMORE CITY  
DEPARTMENT OF HOUSING &  
COMMUNITY DEVELOPMENT

Items in the area below may receive a result of "Refer" if the Inspector determines that the circumstances do not warrant a Pass, but instead require the Rental Inspector to notify Baltimore City Department of Housing and Community Development for further review. Please refer to the "Inspector Guidance" document for more information on circumstances that could meet these criteria. Note: Any referrals will be subject to a complete re-inspection by a Housing Code Enforcement Inspector.

	Item	Pass or Refer	Date
M.	The interior of the property is clean and sanitary.	PASS	7/16/22
N.	The exterior is free of rodent burrows.	PASS	
O.	In the course of conducting the rental license inspection I observed evidence suggesting a potential infestation of rodents, insects or other pests. My inspection is not a "pest control consultation" as defined under Maryland Law. I recommend that the property owner consult with a licensed pest control professional.	PASS	
P.	If there is a bedroom in the basement, there is proper egress in case of fire. (Enter N/A if no basement bedroom)	N/A	
Q.	Are there any other readily observable problems that in an inspector's opinion represent an immediate threat to the health and safety of occupant? If "yes" please describe.	NO	7/16/22
311 Report # (for Referral's only):			

**For Use by Property Owner/Manager Only**

**REQUEST FOR A "PROPERTY OWNER INSPECTION REVIEW"**

A request can be submitted for Baltimore City's Department of Housing and Community Development to perform a review of failed result(s) of the Inspection with which you disagree.

Only Checklist Items A through L are eligible for review.

Requests must be received by the Department of Housing and Community Development within 15 business days of the inspection being completed.

How to submit a request:

1. Message Board feature in your Registration Account
  - Upload this Inspection Form
  - Attach a letter containing the details of the items you would like to have reviewed, including any additional information (e.g. photos, etc.).
2. Mail to the address provided at the bottom of this form
  - Mail in this Inspection Form
  - Include a letter containing the details of the items you would like to have reviewed, including any additional information (e.g. photos, etc.).

Rental Address: 1915 McHARRY ST Unit #: \_\_\_\_\_ Inspector's Initials: MP