



CITY OF PHILADELPHIA

DEPARTMENT OF LICENSES & INSPECTIONS

Municipal Services Building
1401 John F. Kennedy Boulevard
Philadelphia, Pennsylvania 19102

Summary Inspection Report of FIRE ESCAPES AND FIRE ESCAPE BALCONIES

(Philadelphia Code, Section F-1011.1)
THIS FORM TO BE SUBMITTED AS AN ELECTRONIC DOCUMENT TO:
firescapereports@phila.gov

Complete all sections; type or neatly print:

1 Filing Information

Date of Report: December 12, 2017

Amended Filing Date: _____

2 Location Information – must use the address assigned by the City's Office of Property Assessment

Building Address: 440 Sedgwick Street, Philadelphia, PA 19126

Owner/Agent/Site Contact: Bnita Govers

Phone Number: 215-242-4235

3 Building Characteristics

Principal Occupancy: Residential

Number of Stories: 3

Height: --

Year Constructed: 1939 Location of Fire Escape(s): NE, SE & SW Elevations Historic Designation (if any): _____

4 Inspection Status Information

Fire Escape(s) Inspected: Four Inspection Method: Visual Inspection Date: June 8, 2017

☐ **SAFE CONDITION**

☒ **SAFE WITH REPAIR & MAINTENANCE PROGRAM** Recommended start date: Winter 2017/2018

☐ **UNSAFE / IMMINENT DANGER** Submit copy of full report along with form

NOTE: The Department of Licenses & Inspections' Emergency Services Unit must be notified by phone (215-686-2480) within 12 hours of discovery, and a report containing details of the condition and recommended temporary safety measures must be delivered to that unit at the address atop this form.

Person Contacted: _____ Date Contacted: _____

Description (probable cause of condition; nature/extent of corrective action necessary; time frame for remediation): _____

5 Professional Responsible for Inspection

Name: Frank C. Thompson Company: Elton & Thompson PC License #: PE050346

Company Address: 2615 Jenkintown Road, Glenside, PA 19038

Company Phone/Fax/E-mail: 215-576-6460 / 215-576-6847 / design@etengr.com

6 Owner of Record Information (NOT Agent, Site Contact, or Business Manager)

Name: Frank Lindy Company: Lindy Communities

Address: 309 York Road, Suite 211, Jenkintown, PA 19046

Company Phone/Fax/E-mail: 215-886-8030 / 215-543-7537

7 Signature Statements**FOR OWNER / OWNER REPRESENTATIVE:**

I hereby state that I am the owner/owner's representative of the premises referenced in the inspection report. Furthermore, I have received and read a copy of the report and am aware of the required repairs and/or maintenance, if any, and the recommended time frame for same. I certify that all items noted for action in the previous cycle's report have been corrected/repaired.

NAME: _____

SIGNATURE: _____

FOR PROFESSIONAL:

I hereby state that the owner/owner's representative has authorized me to submit this report. Furthermore, I hereby state that all reporting requirements have been met and that all statements are correct and complete to the best of my knowledge. A copy of this report has been given to the owner/owner's representative.

APPLY
SEAL HERE

SIGNATURE: _____