# General Information

|  |  |
| --- | --- |
| Property Name |  |
| Address |  |
| City, County, State |  |
| Tax Parcel Numbers |  |
| On-site Contact Name |  |
| On-Site Contact Number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Site Representatives Interviewed or Assisting in Inspection:** | | | |
| Name | Title | Contact Number | # of years at Site |
|  |  |  |  |
|  |  |  |  |

# Site Description

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Building Details** | | | | | | | |
| Address | | | | No. of Stories | | Square Footage | Year Built |
|  | | | |  | |  |  |
|  | | | |  | |  |  |
|  | | | |  | |  |  |
| Renovations / What Year |  | | | | | | |
| Total Parking Spaces |  | # Accessible Spaces |  | | # Van-Accessible Spaces | |  |

|  |  |
| --- | --- |
| **Utility Service Providers:** | |
| Water: |  |
| Sewer: |  |
| Electricity: |  |
| Natural Gas: |  |

|  |  |
| --- | --- |
| **Are the roofs pitched?** | ☐Yes☐ No |
| If **its flat or low sloped, can you confirm safe access to the roof?** | ☐Yes☐ No |

# Major Replacement costs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have the building’s exterior walls be repainted within the past 8 years?** | | | | ☐Yes☐ No |
| What Year / Costs Associated | |  | | | |
| **Have the building’s exterior walls be re-caulked or tuck-pointed within the past 8 years?** | | | | ☐Yes☐ No |
| What Year / Costs Associated | |  | | | |
| **Has the building had a façade inspection performed within the past 6 years?** | | | | ☐Yes☐ No | |
| If so when |  | What Category is it listed as? |  | | |
| **What type of roof membranes are onsite:** | | | | | |
| ☐ TPO ☐ EPDM ☐ Asphalt Shingle ☐ Standing Seam Metal Panels ☐ Built up ☐ Ballasted☐ \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Have the building’s roof been replaced/repaired within the past 10 years?** | | | | ☐Yes☐ No |
| What Year / Costs Associated | |  | | | |
| **Are you aware of any historical or active leaks with the roofing system?** | | | | ☐Yes☐ No |

|  |  |  |
| --- | --- | --- |
| **Has the asphalt pavement been resealed or restriped within the past 7 years?** | | ☐Yes☐ No |
| What Year / Costs Associated |  | | |
| **Have there been any major asphalt or concrete repairs within the past 10 years?** | | ☐Yes☐ No |
| If yes, please describe: |  | | |

|  |  |  |
| --- | --- | --- |
| **Where are the HVAC units located?** | | |
| ☐Roof Mounted☐At Grade ☐Other (Describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Has any of the HVAC equipment been replaced?** | | ☐Yes☐ No |
| If yes, please describe: |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Domestic Water Heating** | | | | | | | |
| ☐Water Heaters☐Boilers☐ Other (Describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Water Heaters # |  | | Manufacture |  | Capacity Gallons |  | |
| Boilers |  | | Manufacture |  | Capacity MBH | |  |
| Replaced in What year | |  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Elevators on site** | | | | | | ☐ Yes ☐ No | |
| Type of Elevators | ☐Hydraulic☐Overhead Geared Traction | | | | | | |
| # of Passenger |  | Manufacture |  | | Capacity (lbs) | |  |
| # of Freight |  | Manufacture |  | | Capacity (lbs) | |  |
| Date of last inspection |  | Date of the last load test | |  | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Is the Building protected by** | | | | ☐Wet-Pipe Sprinkler☐Dry-Pipe Standpipe | | | | | |
| **Does the fire suppression system have a fire pump** | | | | | | | ☐ Yes ☐ No | | |
| Manufacture name |  | Gallon per minute (GPM) | | | |  | Size in HP | |  |
| **Are the smoke detectors hardwired and connected to the fire panel** | | | | | | | | ☐ Yes ☐ No | |
| **Does the central fire alarm panel monitor smoke detectors, pull stations, and sprinkler flow** | | | | | | | | ☐ Yes ☐ No | |
| Panel Manufacture |  | | | | ☐Fully Addressable☐Zoned | | | | |
| **Is there an Emergency Generator onsite** | | | | | | | | ☐ Yes ☐ No | |
| Manufacture name |  | | Powered by | | ☐Diesel Gas☐Natural Gas | | | | |

# Problematic Materials

|  |  |
| --- | --- |
| **Check each component known to be present of the subject site** | |
| ABS Sanitary Lines | ☐ Yes ☐ No |
| Galvanized Steel Piping | ☐ Yes ☐ No |
| Omega or Central Brand Sprinkler Heads | ☐ Yes ☐ No |
| Aluminum Branch Wiring | ☐ Yes ☐ No |
| Fire retardant Treated Plywood | ☐ Yes ☐ No |
| Polybutylene Piping | ☐ Yes ☐ No |
| Imported Drywall | ☐ Yes ☐ No |

|  |  |
| --- | --- |
| **To your knowledge, any structural, water infiltration, roof, plumbing, HVAC or electrical issues with the building? If so, discuss in greater detail below.** | ☐Yes☐ No |
|  | |
| **Any deficiencies / violations reported by the building, fire or health departments during the past 3 years** | ☐Yes☐ No |
|  | |

# Document Request

1. Copies of any prior building reports (Property Condition Assessments, façade inspections, etc.)
2. As-built or construction documents
3. Floor plans, emergency exit maps
4. Offering memorandums or marketing brochures
5. ALTA/ACSM Survey
6. Rent roll (limited to tenant, square footage, and address, if possible)
7. Warranty information for items like the roof, etc.
8. Copies of Certificate(s) of Occupancy
9. Any inspection reports (Infrared, fire sprinkler, roof, elevator, etc.)
10. Elevator certificates
11. Vendor list (elevator maintenance, roofing contractor, fire suppression system maintenance, etc.)