

Rapid Building and Site Condition Assessment

Inspection

Inspection date time _____

 AM PM

Inspector _____

Area inspected

 Exterior Only
 Exterior and Interior

Affiliation _____

Page 1 of ____

Attachments

 Sketches Documents
 Photographs Other

Property Description

Building name _____

 Address _____

Historic district name _____

Number of stories above ground _____ below ground _____

Approx footprint area (square feet) _____

Number of residential units _____

Type of Construction

 Wood Frame Brick Boat
 Steel Frame Stone Other
 Concrete Manufactured

Primary Occupancy

 Dwelling Government
 Other Residential Museum
 Public Assembly School
 Emergency Services Religious
 Commercial Cemetery
 Offices Other
 Industrial

Occupied?

 Yes No

Repairs begun?

 Yes No

Owner/Contact Info

Characteristics

 Building age 0- 25 yr 25 - 50 yr 50 -100 yr 100+ yr Verified Reported Estimated

 Foundation Pier Slab Chain Wall Basement Other _____

 Roof type Hipped Gable Mansard Pyramid Flat Other _____

 Roof covering Slate Metal Tile Asphalt Asbestos Other _____

 Wall finish Stucco Wood Vinyl Masonry Asbestos Other _____

 Landscape features Walkway Driveway Fences Sculpture/Fountains Structures Other _____

 Archaeological site Yes No On SHPO List Unknown Other _____

 Visible artifacts Bone Pottery Metal Stone Glass Unknown Other _____

 Interior condition Structural Damage Mold/Mildew Falling Plaster Other _____

 Interior contents Antiques Archives Art Work Other _____

 Appears historic? Yes No Don't know Is there a sign or plaque? Yes No _____

 Historic designation Nat'l Hist. Landmark Nat'l Reg/District State/Local Eligible Other _____

Flood Data

 Nature of water Standing Flowing Seepage Water Marks Other _____

 Space where water entered Basement/Crawl First Floor Second Floor

Depth of water measured from main floor (+/-) _____

 Sediment deposited On Site In Structure Site erosion Yes No Don't know

Evaluation

Investigate the building for the conditions and check the appropriate column.

Collapsed or off foundation	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Leaning, other structural damage	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Damage to windows, doors	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Chimney, parapet, or other falling hazard	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Roof damage	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Foundation damage	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Siding damage	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Damage to electrical, mechanical, AC systems	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Landscape damage	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe

Estimated Building Damage

 None
 1-10%
 10-30%
 30-60%
 60-90%
 90-100%

 Potential Hazards Electrical Lead Asbestos Mold Other _____

Further Actions

 Recommendations Add Temporary Roof Covering Board Shore Other _____

 Detailed evaluation recommended Structural Environmental Archaeological Historic Significance Collections

Other recommendations _____

Barricades needed in the following areas _____

Posting

 Inspected Restricted Use Unsafe Historic Designation Detailed Evaluation Needed
