

# Detailed Building and Site Condition Assessment

## Inspection

Inspection date time \_\_\_\_\_  AM  PM

Inspector \_\_\_\_\_

Area Inspected

- 
- Exterior Only
- 
- 
- Exterior and Interior

Affiliation \_\_\_\_\_

**Page 1 of \_\_\_\_\_**  
**Final Posting**from Page 2  Inspected  
 Restricted Use  
 Unsafe

## Property Description

Building Name \_\_\_\_\_

Address \_\_\_\_\_

Number of stories above ground \_\_\_\_\_ below ground \_\_\_\_\_

Approx footprint area (square feet) \_\_\_\_\_

Number of residential units \_\_\_\_\_

GPS coordinates \_\_\_\_\_

### 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

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

## Potential Hazards

Is it possible to enter the building or site?  yes  noIs it **Safe** to enter the building or site?  yes  no

Comments \_\_\_\_\_

Electrical  yes  noChemical  yes  noMold  yes  noAsbestos  yes  noLead  yes  noOther  yes  no

## Significance

Does this property appear historic? (older than 50 years)  yes  no  don't knowIs there a sign or plaque?  yes  no  don't knowDo exterior features display a high level of craftsmanship?  yes  no  don't knowDo interior features display a high level of craftsmanship?  yes  no  don't knowIs the building located in a neighborhood or district of similar building style?  yes  no  don't knowDoes the setting (yard, fencing, garden walls, etc.) make this building unique?  yes  no  don't knowDesignation  Nat'l Hist. Landmark/District  Nat'l Register/District  State/Local  Nat'l Register Eligibile  Other...Identifiable architectural style/features?  Colonial: English/French/Spanish  Italianate  Queen Anne  Art Deco/Art Moderne  
 Georgian  Romanesque  Shingle  Modern/International  
 Federal  Renaissance Revival  Arts & Crafts/Bungalow  Vernacular/Local StyleCheck all that apply.  Greek Revival  Eastlake  Beaux-Arts  Other  
 Gothic Revival  Second Empire  Prairie  Don't know

### Comments

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

### Comments

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

## Site Evaluation

Topographic  Slope  Steps/Terrace  Walkways  Minor/None  Moderate  SevereUnique features  Pool  Fountain  Fence  Minor/None  Moderate  SevereRetaining Walls  Masonry  Stone  Wood  Minor/None  Moderate  SevereSmall Scale Structures  Gazebo  Pergola  Outbuilding  Minor/None  Moderate  SevereVegetation  Planting beds  Hedge/Shrub  Tree  Minor/None  Moderate  SevereIs Archaeological Material Present?  on/eroding from ground  no  unknown  other \_\_\_\_\_Does material include bone?  yes  no  unknown  other \_\_\_\_\_

### Comments

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

### Other/Comments

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

**Exterior Evaluation**

Standing water	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	_____
Collapsed or off foundation	<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	_____
Building leaning, other structural damage	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	_____
Missing architectural features	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	_____
Porch 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 windows, doors	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	_____
Shutter damage	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	_____
Balcony damage	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	_____
Cornice damage	<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	_____
Chimney, Parapet, or Other Falling Hazard	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	_____
Electrical, Mechanical, AC Systems	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	_____
Graffiti, vandalism, evidence of looting	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	_____

**Interior Evaluation**

Interior Condition	<input type="checkbox"/> Structural Damage	<input type="checkbox"/> Mold/Mildew	<input type="checkbox"/> Falling Plaster	<input type="checkbox"/> Sediment/Soil	<input type="checkbox"/> Hazards	_____
Ceilings	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	_____		
First Floor flooring	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	_____		
First Floor structure	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	_____		
First floor walls	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	_____		
Damage to upper floors	<input type="checkbox"/> Minor/None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	_____		

**Contents Evaluation**

Is the site or building used as:  Archive  Art Museum  Gallery  Historical House Museum  Library  Other \_\_\_\_\_

Is there evidence of collections present?  yes  no  don't know \_\_\_\_\_

Conditions/ Comments  Minor/None  Moderate  Severe \_\_\_\_\_

**Recommendations, Comments**

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**Final Posting**

Inspected  Restricted Use  Unsafe  Further Evaluation

