

Non-Residential

SDE DAMAGE INSPECTION WORKSHEET

Address: _____

SDE ADDRESS Tab

Subdivision Information

Subdivision: _____ Parcel Number: _____

Lot Number: _____ Elevation of Lowest Floor: _____ Datum: _____

Community Information

NFIP Community ID: _____ NFIP Community Name: _____

Latitude: _____ Longitude: _____

Building Address

Owner First Name: _____

Owner Last Name: _____

Street Number: _____ Street Name: _____ Street Suffix: _____

City: _____ State: _____

County: _____ Zip: _____

Phone: _____ Cell Phone: _____

Mailing Address

Check here if same as above: _____

First Name: _____

Last Name: _____

Street Number: _____ Street Name: _____ Street Suffix: _____

City: _____ State: _____

County: _____ Zip: _____

Phone: _____ Cell Phone: _____

Care of: _____

SDE STRUCTURE / DAMAGE / NFIP INFO Tab

Structure Information

Year of Construction: _____ Number of Stories: ___ 1 Story ___ 2 thru 4 ___ 5 or more

Structure Use: _____

Sprinkler System: ___ Yes ___ No Conveyance: ___ Yes ___ No

Residence Type: ___ Single Family ___ Town or Row House ___ Manufactured House

Quality of Construction: ___ Low ___ Budget ___ Average ___ Good ___ Excellent

Structure Information (if needed): _____

Damage Information

Date Damage Occurred (mm/dd/yyyy): _____

Cause of Damage: ___ Fire ___ Flood ___ Flood and Wind ___ Seismic ___ Wind ___ Other

Cause of Damage (if 'Other' is selected): _____

No Physical Damage (check here if none): _____

Duration of Flood: _____ Hours _____ Days

Depth of Flood Above Ground (estimated to nearest 0.5 foot): _____

Depth of Flood Above First Floor (estimated to nearest 0.5 foot): _____

Inspector Information:

Inspector's Name: _____

Inspector's Phone: _____ Date of Inspection (mm/dd/yyyy): _____

SDE STRUCTURE / DAMAGE / NFIP INFO Tab

NFIP Information:

FIRM Panel Number: _____ Suffix: _____ Date of FIRM Panel (mm/dd/yyyy): _____

FIRM Zone: _____ Base Flood Elevation: _____

Regulatory Floodway: ___ Yes ___ No ___ Possible

Community Information (if needed): _____

COST Tab

Square Footage

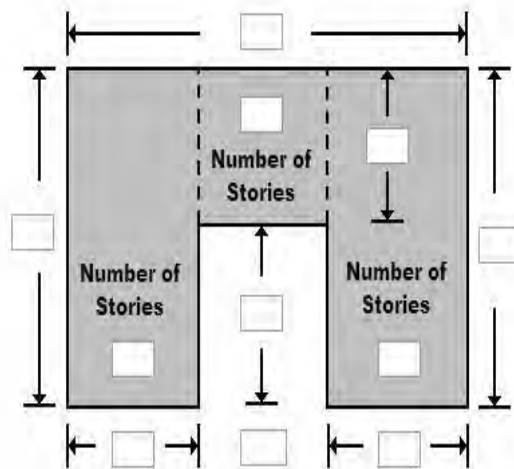
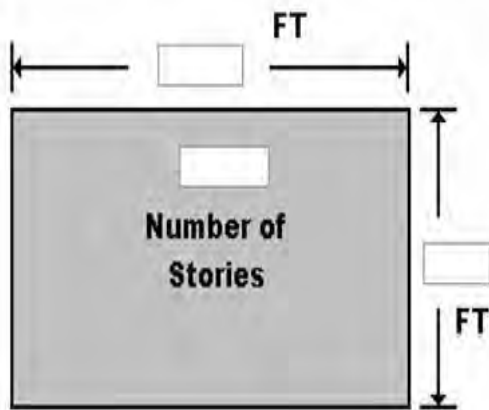
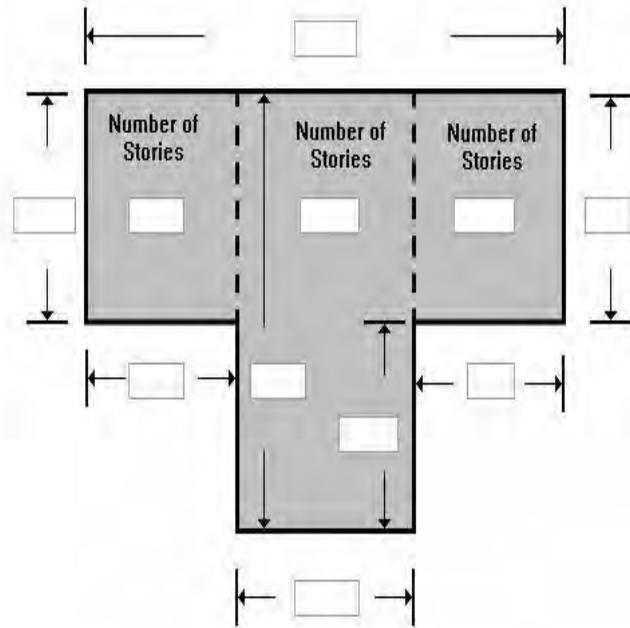
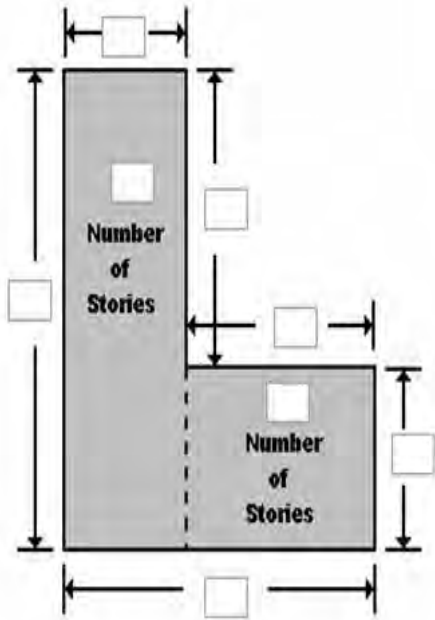
Calculate (on next page) or Enter Square Footage

Total Square Footage (if available): _____

Base Cost per Sq Ft: _____ Geographic Adjustment: _____

COST Tab

Select appropriate diagram of structure footprint and enter structure dimensions and the number of stories:



COST Tab

Adjustments

<u>Adjustments</u>	<u>Quantity</u>	<u>Units</u>	<u>Unit Cost</u>	<u>Item Cost</u>
Roofing		Sq Ft		
Built-in Equipment		Each		
Built-in Security / Communications		Each		
Conveyance System		Each		
Wall Covering		Sq Ft		
Windows / Skylights		Each		

Additional Adjustments

<u>Adjustments</u>	<u>Quantity</u>	<u>Unit Cost</u>	<u>Item Cost</u>

Cost Data Reference (source or name): _____

Cost Data Date: _____

Depreciation Rating:

___ 1. Very Poor Condition ___ 2. Requires Extensive Repairs ___ 3. Requires Some Repairs
___ 4. Average Condition ___ 5. Above Average Condition ___ 6. Excellent Condition ___ 7. Other

Depreciation Percentage (if 'Other' selected for Depreciation Rating): _____

Depreciation Explanation (if 'Other' selected for Depreciation Rating): _____

ELEMENT PERCENTAGES Tab

Element Percentages

<u>Item</u>	<u>% Damaged</u>	<u>Element %</u>	<u>Item Cost</u>	<u>Damage Values</u>
Foundation				
Superstructure				
Roof Covering				
Plumbing				
Electrical				
Interiors				
HVAC				