

PROPERTY FEATURE SHEET

Address			
Municipality or District			
Nature of District	<input type="checkbox"/> Residential	<input type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Zoning			
Property Rights	<input type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold	<input type="checkbox"/> Co-Operative <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Condominium
Site Size		Age or Year Built	
Original Purchase Date		Price	
Current Property Tax Assessment Value		Annual Taxes	
Exterior Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Fair
Type of Building	<input type="checkbox"/> Detached	<input type="checkbox"/> Apartment/Condo	<input type="checkbox"/> Semi-Detached <input type="checkbox"/> Row/Townhouse
Square Footage			
Design	<input type="checkbox"/> One-storey <input type="checkbox"/> 1½ Storey	<input type="checkbox"/> 2-storey <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Split Level
Exterior Finish	<input type="checkbox"/> Brick Veneer <input type="checkbox"/> Stone Veneer	<input type="checkbox"/> Solid Stone	<input type="checkbox"/> Solid Brick <input type="checkbox"/> Stucco
Roofing Material	Age		
	<input type="checkbox"/> Asphalt Shingle	<input type="checkbox"/> Wood Shingle	<input type="checkbox"/> Tar and Gravel <input type="checkbox"/> Metal
Basement	<input type="checkbox"/> Full	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Partial
Number of Rooms			
Number of Bedrooms			
Number of Bathrooms			
Interior Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Fair
Electrical	Amps: <input type="checkbox"/> Breakers <input type="checkbox"/> Fuses		
Heating System	Fuel Type: <input type="checkbox"/> Forced Air <input type="checkbox"/> Hot Water <input type="checkbox"/> Baseboard		
Water	<input type="checkbox"/> Municipal Water	<input type="checkbox"/> Cistern	<input type="checkbox"/> Well-Private <input type="checkbox"/> Well-Communal/Co-Op
Sewer	<input type="checkbox"/> Municipal	<input type="checkbox"/> Open Ditch	<input type="checkbox"/> Septic-Field <input type="checkbox"/> Septic-Pump-Out
Garage	<input type="checkbox"/> Attached <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Double	<input type="checkbox"/> Detached <input type="checkbox"/> Single
Parking	Number of Stalls: _____ <input type="checkbox"/> On-site <input type="checkbox"/> Off-site/Street/Etc.		
Extras			