

BUILDING CONDITION SURVEY - ARCHITECTURAL

Infra #: _____ Site: _____ Date: _____
 Name: _____ By: _____

Area: _____ sq.ft. Year Built: _____

FOUNDATION AND CRAWL SPACE (N/A <input type="checkbox"/>)	N/A	Y	N	General Comment:	No.
A. Slab <input type="checkbox"/> Pole <input type="checkbox"/> Skids <input type="checkbox"/> Raised <input type="checkbox"/> Other: _____					
B. Wood to earth clearance adequate (6" min.)? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. Crawl space ventilation adequate (1 sq.ft. per 150 sq.ft. area)? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
D. Free of dry rot, rodent, termite or other pest evidence? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F. Concrete free from cracking, spalling, settlement? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G. Other: _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
EXTERIOR WALLS, DOORS, WINDOWS (N/A <input type="checkbox"/>)					
A. Good alignment of structure with no evidence of settlement? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. Siding weathertight, good condition? Type: _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. No. of doors: _____ Condition of doors OK? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. No. of windows: _____ Type of windows: _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
D. Condition of windows OK? _____ No. to replace: _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E. Window screens OK? _____ No. to replace: _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F. Exterior painted/stained surfaces OK? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G. Other: _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ATTIC AND ROOF (N/A <input type="checkbox"/>)					
A. Roofing type: _____ Slope: _____ :12					
B. Roofing condition OK, properly installed? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. Vents and other roof penetrations OK? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
D. Joists and rafters OK? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E. Ridgeline is straight, no evidence of settlement or deflection? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F. Attic ventilation OK (min. 1/150 of the area)? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G. Free of evidence of leaks? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
H. Length of roof gutters: _____ Ln.Ft. Properly maintained? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
I. Other: _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
INTERIOR SPACES (N/A <input type="checkbox"/>)					
A. Condition of ceiling and walls OK? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. No. of doors: _____ Condition of doors OK? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. All rooms have operable windows (5 sq.ft. minimum in habitable rooms) or adequate ventilation? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
D. Exit doors adequate and unobstructed? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E. Cabinetry (bath, kitchen, reception counters) OK? _____ Ln.Ft. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F. Type of flooring: _____ Condition of floors OK? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G. Other: _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SPECIALTIES (N/A <input type="checkbox"/>)					
A. Type of fireplace: _____ Condition of fireplace OK? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hearth has 16" of clearance to front, 8" to sides, w/ 4" thickness? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bricks and mortar in good condition? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Top of flue liner is 3' above high point of flat roof or 2' above the ridge (or a wall that is within 10') on medium to steep roof? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. Type of woodstove: _____ Condition of woodstove OK? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hearth has 16" of clearance to front, 8" to sides, w/ 4" thickness? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Flue vent has 18" clearance to combustibles? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stove box has 36" clearance to combustibles back and sides? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Roof vent is 3' above roof and has 10' horizontal clearance at 2' below top of flue? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Spark arrester is in place and in good condition at chimney top? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. Other: _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

(continued)

EQUIPMENT (N/A <input type="checkbox"/>)	N/A	Y	N	General Comment:	No.
A. No. of dryers: Gas <input type="checkbox"/> Electric <input type="checkbox"/>					
Condition of dryer(s) OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Minimum 4" diameter exhaust vent attached properly (6' maximum length for flexible duct)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If gas, fuel supply and connector (6' max.length) OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. No. of washers: Condition of washer(s) OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is trap no more than 18" above the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is waste receptor no more than 30" above the trap with a 2" minimum diameter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. No. of ranges: Gas <input type="checkbox"/> Electric <input type="checkbox"/>					
Condition of range(s) OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If gas, fuel supply and connector (6' max. length) OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
D. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
FIRE PROTECTION (N/A <input type="checkbox"/>)					
A. Minimum 1 hour fire wall between office space or residence and garage or workshop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. Conference rooms over 750 sq.ft. have 2 exits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. Every floor above the 1st has 2 means of egress for occupant loads over 10?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
D. All stairways over 3' have at least one handrail?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E. Smoke detectors installed in bedrooms, hallways to bedrooms, and on each level of building (basements)? No. needed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F. Fire extinguishers available in offices, workshops and quarters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		