

## BUILDING CONDITION SURVEY - SITE

Infra #: \_\_\_\_\_  
 Name: \_\_\_\_\_

Site: \_\_\_\_\_

Date: \_\_\_\_\_  
 By: Jean C. Russell

**CONCRETE SURFACING (N/A )**

	N/A	Y	N	General Comment:
A. SQ.FT. sidewalks, condition OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. SQ.FT. porches and steps, condition OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. SQ.FT. driveways, condition OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**WOOD SURFACING (N/A )**

A. SQ.FT. porches, steps and decks, condition OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**HANDRAILS/RAILINGS (N/A )**

A. Material: Metal <input type="checkbox"/> Wood <input type="checkbox"/> Other:				_____
B. LN.FT. handrails and railings, condition OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**LANDSCAPING (N/A )**

A. Landscaping properly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Drainage away from building OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. LN.FT. rock, block or concrete walls, condition OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. LN.FT. fencing, condition OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Material: Metal <input type="checkbox"/> Wood <input type="checkbox"/> Other:				_____
E. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____