

## GROUNDS

Grading	<p>General Grading, slope and drainage:</p> <p>Grading and slope at house wall (within 5 feet from building)</p>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes  <input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Sidewalk	<input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Flagstone <input type="checkbox"/> Other _____ <input type="checkbox"/> Patio stones	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Driveway	<input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Brick <input type="checkbox"/> Other _____	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Window Wells		<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Retaining Wall	<input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Stone <input type="checkbox"/> Wood <input type="checkbox"/> Other <input type="checkbox"/> Mortared joints <input type="checkbox"/> Dry <input type="checkbox"/> Weep Holes	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Trees and Shrubbery		<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Fencing		<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Wood Deck	<input type="checkbox"/> Signs of rot <input type="checkbox"/> Extensive <input type="checkbox"/> None noted	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Patio, Terrace	<input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Slate <input type="checkbox"/> Other _____ <input type="checkbox"/> Patio stones	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Steps to Building		<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Outbuildings	<input type="checkbox"/> Not observed	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes

ADDITIONAL NOTES:

### ROOFING

Roof Covering	Location	Materials	Approx. Age	
	_____	_____	_____	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> See Notes
	_____	_____	_____	
	_____	_____	_____	
	Observed: _____ <input type="checkbox"/> From ground with binoculars <input type="checkbox"/> On ladder at edge			
Roof Leaks	<input type="checkbox"/> Some signs <input type="checkbox"/> Extensive <input type="checkbox"/> None noted			<input type="checkbox"/> See Notes
Flashing	<input type="checkbox"/> Aluminum <input type="checkbox"/> Galvanized <input type="checkbox"/> Copper			<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Gutters and Downspouts	<input type="checkbox"/> Aluminum <input type="checkbox"/> Galvanized <input type="checkbox"/> Copper <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood			<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes

ADDITIONAL NOTES:

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## EXTERIOR

Exterior Doors		<input type="checkbox"/> Satisfactory <input type="checkbox"/> See Notes												
Windows	<input type="checkbox"/> Moisture Stains <input type="checkbox"/> Extensive	<input type="checkbox"/> Satisfactory <input type="checkbox"/> See Notes												
Exterior Wall Covering	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Location</td> <td style="width: 50%; text-align: center;">Materials</td> </tr> <tr> <td style="text-align: center;">1st floor</td> <td></td> </tr> <tr> <td style="text-align: center;">2nd floor</td> <td></td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	Location	Materials	1st floor		2nd floor		_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory
Location	Materials													
1st floor														
2nd floor														
_____	_____													
_____	_____													
_____	_____													
Exterior Trim	Soffit, Fascia, Eaves: <input type="checkbox"/> Signs of rot <input type="checkbox"/> None noted	<input type="checkbox"/> Satisfactory <input type="checkbox"/> See Notes												
Chimney	<input type="checkbox"/> Brick <input type="checkbox"/> Metal <input type="checkbox"/> Clean before use	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes												
Garage / Carport	<input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Door operator <input type="checkbox"/> Operated <input type="checkbox"/> Safety Stop	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes												
Porch	Floor: <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____ <input type="checkbox"/> Brick	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes												

ADDITIONAL NOTES:

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## STRUCTURAL

Type of Building	<input type="checkbox"/> Single <input type="checkbox"/> Duplex <input type="checkbox"/> Rowhouse/Townhouse <input type="checkbox"/> See Notes <input type="checkbox"/> Semi-detached <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____ <input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Other _____ <input type="checkbox"/> Gable Roof <input type="checkbox"/> Shed <input type="checkbox"/> Hip <input type="checkbox"/> Gambrel <input type="checkbox"/> Mansard <input type="checkbox"/> Flat <input type="checkbox"/> Other _____
Structure	Foundation Wall: <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Block <input type="checkbox"/> See Notes <input type="checkbox"/> Brick & Block <input type="checkbox"/> Solid Brick <input type="checkbox"/> Other _____ <input type="checkbox"/> Fieldstone & Mortar Floor Framing: _____ <u>Joists</u>  Wall Framing: _____ <u>Studs</u>  Roof Framing: _____ <u>Trusses</u>  <input type="checkbox"/> Signs of Water or Insect damage <input type="checkbox"/> Extensive <input type="checkbox"/> None noted

## BASEMENT (OR LOWER LEVEL)

Basement	<input type="checkbox"/> Full <input type="checkbox"/> None <input type="checkbox"/> Open Walls <input type="checkbox"/> Closed <input type="checkbox"/> Open Ceiling <input type="checkbox"/> Closed <input type="checkbox"/> Extensive present basement storage <input type="checkbox"/> visibility limited	
Floor	<input type="checkbox"/> Concrete <input type="checkbox"/> Dirt <input type="checkbox"/> Other _____ <input type="checkbox"/> Resilient tile <input type="checkbox"/> Carpeting <input type="checkbox"/> Other _____ <input type="checkbox"/> Sub-floor	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Floor Drain		<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Sump Pump	<input type="checkbox"/> Operating <input type="checkbox"/> Not Operating <input type="checkbox"/> French Drain	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Basement Dampness	<input type="checkbox"/> Some Signs <input type="checkbox"/> Extensive <input type="checkbox"/> None Noted <input type="checkbox"/> Past <input type="checkbox"/> Present <input type="checkbox"/> Not Known	<input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Crawl Space	<input type="checkbox"/> Readily accessible <input type="checkbox"/> Not readily accessible <input type="checkbox"/> Conditions observed <input type="checkbox"/> Method _____ <input type="checkbox"/> Conditions not observed	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> N/A <input type="checkbox"/> See Notes

ADDITIONAL NOTES:

## ELECTRICAL

Service	Service line entrance: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground Service cable size: _____Amps Type: <input type="checkbox"/> <u>Copper</u> <input type="checkbox"/> <u>Aluminum</u> Panel Box _____ Amps <input type="checkbox"/> Fuses <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Grounded	<input type="checkbox"/> Satisfactory <input type="checkbox"/> See Notes
Circuits	Quantity: <input type="checkbox"/> Ample <input type="checkbox"/> Ground fault interrupters	<input type="checkbox"/> Satisfactory <input type="checkbox"/> See Notes
Conductors	Branch wiring: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum	<input type="checkbox"/> Satisfactory <input type="checkbox"/> See Notes
Outlets and Fixtures	<input checked="" type="checkbox"/> Random Testing  <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> CO Detector	<input type="checkbox"/> Satisfactory <input type="checkbox"/> See Notes  <input type="checkbox"/> Satisfactory <input type="checkbox"/> See Notes

ADDITIONAL NOTES:

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## KITCHEN AND APPLIANCES

Cabinets		<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Countertops		<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Dishwasher	<input type="checkbox"/> Operated <input type="checkbox"/> Not Operated  Model #                  Serial #	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Disposal	<input type="checkbox"/> Operated <input type="checkbox"/> Not Operated	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Range / Oven	<input type="checkbox"/> Operated <input type="checkbox"/> Not Operated <input type="checkbox"/> Gas <input type="checkbox"/> Electric  Model #                  Serial #	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Refrigerator	<input type="checkbox"/> Operating <input type="checkbox"/> Not Operated <input type="checkbox"/> Frost Free <input type="checkbox"/> Ice Maker   Age: _____  Model #                  Serial #	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Other Appliances		<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Floor	<input type="checkbox"/> Resilient Tile <input type="checkbox"/> Linoleum <input type="checkbox"/> Other _____	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Ventilation	<input type="checkbox"/> Exhaust Fan <input type="checkbox"/> Ductless <input type="checkbox"/> Vented to outside	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Clothes Washer	<input type="checkbox"/> Operated <input type="checkbox"/> Not Operated  Model #                  Serial #	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Clothes Dryer	<input type="checkbox"/> Operated <input type="checkbox"/> Not Operated <input type="checkbox"/> Gas <input type="checkbox"/> Electric  Model #                  Serial #	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes

ADDITIONAL NOTES:

### HEATING AND COOLING

Heating System	Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Oil <input type="checkbox"/> Gravity Hot Water Boiler <input type="checkbox"/> Electric <input type="checkbox"/> Forced Hot Water Boiler <input type="checkbox"/> Steam Boiler <input type="checkbox"/> Radiant Heat <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Heat Pump  Output Capacity <u>    </u> ,000 BTU/H    Approx. Age: <u>    </u> years old Turned on by thermostat <input type="checkbox"/> Fired <input type="checkbox"/> Did not fire  Last Noted Service Date: <u>                    </u>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes		
Fuel Supply	<input type="checkbox"/> Oil tank in basement <input type="checkbox"/> Buried <input type="checkbox"/> Other <u>          </u> <input type="checkbox"/> Public gas supply <input type="checkbox"/> Tank <input type="checkbox"/> Other <u>          </u>			
Heat Exchanger	<input type="checkbox"/> Checked <input type="checkbox"/> Not checked <input type="checkbox"/> Have condition checked before settlement <b>CO GAUGE READING: <u>        </u> PPM's</b>	<input type="checkbox"/> N/A <input type="checkbox"/> See Notes		
Distribution	<input type="checkbox"/> Radiators <input type="checkbox"/> Galvanized pipes <input type="checkbox"/> Copper Pipes <input type="checkbox"/> Pipes not visible <input type="checkbox"/> Convectors <input type="checkbox"/> Baseboard Convectors <input type="checkbox"/> Ductwork	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes		
Humidifier	Type: <input type="checkbox"/> Atomizer <input type="checkbox"/> Evaporator <input type="checkbox"/> Steam	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes		
Filter	<input type="checkbox"/> Washable <input type="checkbox"/> Disposable <input type="checkbox"/> Electronic	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes		
Supplementary Heat	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Location</td> <td style="width: 50%; text-align: center;">Type</td> </tr> </table>	Location	Type	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Location	Type			
Cooling	<input type="checkbox"/> Central Air <input type="checkbox"/> Room Units <input type="checkbox"/> Gas Chiller <input type="checkbox"/> Electric Compressor <input type="checkbox"/> Heat Pump Compressor Age: <u>          </u> Capacity: <u>          </u> <input type="checkbox"/> Tested <input type="checkbox"/> Not tested	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes		

ADDITIONAL NOTES:

## PLUMBING

Water Service	<input type="checkbox"/> Public <input type="checkbox"/> Private Pipes: <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Brass <input type="checkbox"/> Plastic <input type="checkbox"/> Lead <input type="checkbox"/> Unknown	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes Next Page
Interior Pipes	<input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Brass <input type="checkbox"/> Plastic <input type="checkbox"/> Unknown Water Flow: <input type="checkbox"/> Tested <input type="checkbox"/> Not tested	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes Next Page
Hose Bibs	<input type="checkbox"/> Operating <input type="checkbox"/> Not Operating <input type="checkbox"/> Not tested Indoor Shut-off: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes Next Page
Waste Discharge	Waste Pipes: <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Brass <input type="checkbox"/> Plastic <input type="checkbox"/> Lead <input type="checkbox"/> Cast iron <input type="checkbox"/> Unknown <input type="checkbox"/> Slow drain	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes Next Page
Waste Disposal	<input type="checkbox"/> Public <input type="checkbox"/> Private Septic System <input type="checkbox"/> Not known	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes Next Page
Hot Water Heater	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Integral w/heating system Capacity: <u>    </u> gallons Ample for <u>    </u> people Age: <u>    </u> years old <input type="checkbox"/> Pressure relief valve and extension	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes Next Page
BATHROOM #1 <span style="float: right;">Location: Main floor</span>		
	<input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Two piece <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Fiberglass Surround Plumbing Leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None noted Ventilation: <input type="checkbox"/> Fan <input type="checkbox"/> Window Floor Covering:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes Next Page



### PLUMBING (Continued)

<b>BATHROOM #2</b>	Location:	
	<input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Two piece <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Fiberglass Surround Plumbing Leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None noted Ventilation: <input type="checkbox"/> Fan <input type="checkbox"/> Window Floor Covering:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
<b>BATHROOM #3</b>	Location:	
	<input type="checkbox"/> Built in tub <input type="checkbox"/> Leg tub <input type="checkbox"/> Stall shower <input type="checkbox"/> Two piece <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Fiberglass Surround Plumbing Leaks: <input type="checkbox"/> Some signs <input type="checkbox"/> None noted Ventilation: <input type="checkbox"/> Fan <input type="checkbox"/> Window Floor Covering:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
<b>REMARKS</b>		

ADDITIONAL NOTES:

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## INTERIOR

Floors	<input type="checkbox"/> Hardwood <input type="checkbox"/> Softwood <input type="checkbox"/> Plywood <input type="checkbox"/> Wall-to-Wall Carpet <input type="checkbox"/> Not visible	<input type="checkbox"/> Satisfactory <input type="checkbox"/> See Notes
Walls	Plaster on: <input type="checkbox"/> gypsum lath <input type="checkbox"/> wood lath <input type="checkbox"/> masonry <input type="checkbox"/> Drywall <input type="checkbox"/> Wood	<input type="checkbox"/> Satisfactory <input type="checkbox"/> See Notes
Ceilings	Plaster with: <input type="checkbox"/> gypsum lath <input type="checkbox"/> wood lath <input type="checkbox"/> Wood <input type="checkbox"/> Drywall and Stucco	<input type="checkbox"/> Satisfactory <input type="checkbox"/> See Notes
Stairs	Hand Rails: <input type="checkbox"/> Yes <input type="checkbox"/> no	<input type="checkbox"/> Satisfactory <input type="checkbox"/> See Notes
Doors (inside)		<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> See Notes
Windows	<input type="checkbox"/> Double hung <input type="checkbox"/> Casement <input type="checkbox"/> Awning <input type="checkbox"/> Sliding <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Vinyl <input type="checkbox"/> Insulated glass <input type="checkbox"/> Storm Windows	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
<b>Master Bedroom</b>	<input type="checkbox"/> Hardwood <input type="checkbox"/> Softwood <input type="checkbox"/> Plywood <input type="checkbox"/> Wall-to-Wall Carpet <input type="checkbox"/> Not visible <b>Windows</b> <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Vinyl <input type="checkbox"/> Insulated glass <b>Walls &amp; Ceiling</b> Plaster on: <input type="checkbox"/> gypsum lath <input type="checkbox"/> wood lath <input type="checkbox"/> Drywall <input type="checkbox"/> Wood	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
<b>2nd Bedroom</b>	<input type="checkbox"/> Hardwood <input type="checkbox"/> Softwood <input type="checkbox"/> Plywood <input type="checkbox"/> Wall-to-Wall Carpet <input type="checkbox"/> Not visible <b>Windows</b> <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Vinyl <input type="checkbox"/> Insulated glass <b>Walls &amp; Ceiling</b> Plaster on: <input type="checkbox"/> gypsum lath <input type="checkbox"/> wood lath <input type="checkbox"/> Drywall <input type="checkbox"/> Wood	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
<b>3rd Bedroom</b>	<input type="checkbox"/> Hardwood <input type="checkbox"/> Softwood <input type="checkbox"/> Plywood <input type="checkbox"/> Wall-to-Wall Carpet <input type="checkbox"/> Not visible <b>Windows</b> <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Vinyl <input type="checkbox"/> Insulated glass <b>Walls &amp; Ceiling</b> Plaster on: <input type="checkbox"/> gypsum lath <input type="checkbox"/> wood lath <input type="checkbox"/> Drywall <input type="checkbox"/> Wood	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes

ADDITIONAL  
NOTES:

### ATTIC

Access	<input type="checkbox"/> Stairs <input type="checkbox"/> Pulldown <input type="checkbox"/> Scuttlehole <input type="checkbox"/> No access	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Moisture Stains	<input type="checkbox"/> Some signs <input type="checkbox"/> Extensive <input type="checkbox"/> None noted	
Storage	<input type="checkbox"/> Heavy <input type="checkbox"/> Light <input type="checkbox"/> Not floored	
Insulation	Type: _____ Avg. Inches: _____ Installed in: <input type="checkbox"/> Rafters <input type="checkbox"/> Floor <input type="checkbox"/> R Rating	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes
Ventilation	<input type="checkbox"/> Window <input type="checkbox"/> Attic Fan <input type="checkbox"/> Through house fan <input type="checkbox"/> Louvers <input type="checkbox"/> Ridge Vent <input type="checkbox"/> Soffit Vent <input type="checkbox"/> Gable vents	<input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> See Notes

ADDITIONAL NOTES:

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## SUMMARY OF MAJOR CONCERNS

- Potential expenses over the short term are identified below.
- Note: When employing contractors, it is well advised to obtain three written quotations as prices can vary significantly, and also to avoid fraud. Always obtain a contract for any renovation work.

1.0 GROUNDS:
2.0 ROOFING:
3.0 EXTERIOR:
4.0 STRUCTURAL:
5.0 ELECTRICAL:
6.0 KITCHEN & APPLIANCES:
7.0 HEATING & COOLING:
8.0 PLUMBING:
9.0 INTERIORS:
10.0 ATTIC:

Considering the original quality of construction, current condition of the house and compared to others of similar age and type, the condition of the house was generally found to be:

- Excellent       Very Good       Good       Average       Fair       Poor

Comments: With any re-sale home, repairs and maintenance must be done on a regular basis in order to maintain its market value. Good luck in your new home.

Inspectors Initials:      Date: