

SELF- INSPECTION FORM

Owner name _____
Municipality _____ **Roll number** _____
Address of property _____

Please describe your property by filling in this form and providing a description in writing where required.

Main building (residence)

year built _____
 date occupied _____
 size (square feet) _____

Foundation description

Year/Age (if different from year built) _____

- full basement partial basement crawl space concrete slab

Foundation construction

- concrete wood concrete block ICF (Styrofoam)

Windows

Year replaced _____

- PVC wood fiberglass aluminum

Exterior finish

Year renovated _____

- vinyl/stucco siding or equivalent brick/stone acrylic stucco
 fiber cement siding or equivalent metal

Roof finish

Year replaced _____

- cedar shingles asphalt shingles metal

Flooring

Year renovated _____

- | <u>Type</u> | <u>% of finish</u> |
|--|--------------------|
| <input type="checkbox"/> carpet/vinyl/laminate | _____ % |
| <input type="checkbox"/> hardwood/tile | _____ % |

Kitchen

Year/Age (if different from year built) _____

- MDF wood custom/granite/quartz laminate/tile
- other _____

Fireplace

Type

Number of Fireplaces:

- gas or wood fireplace _____
- wood stove _____
- masonry/brick fireplace _____

Plumbing

Type

Number of Bathrooms:

Year Replaced

- | | | |
|--|-------|-------|
| <input type="checkbox"/> 3 fixtures (toilet, sink, tub/shower) | _____ | _____ |
| <input type="checkbox"/> 2 fixtures (toilet & sink) | _____ | _____ |
| <input type="checkbox"/> Jet tub | _____ | _____ |
| <input type="checkbox"/> Laundry/Bar sink | _____ | _____ |

Basement finish type

year/age _____ Portion finished: _____ %

- low cost (carpet & wall paneling) average (carpet & drywall)
- other-same finish as main floor none

Heating

Year replaced _____

- forced air furnace baseboard in-floor other

Central air conditioning

Year renovated _____

- yes no

Deck/Patio

Number of decks _____

Year built

Square footage

- | | | |
|---|-------|-------|
| <input type="checkbox"/> composite decking | _____ | _____ |
| <input type="checkbox"/> wood - treated | _____ | _____ |
| <input type="checkbox"/> stamped concrete or paving stone | _____ | _____ |
| <input type="checkbox"/> wood – non-treated | _____ | _____ |
| <input type="checkbox"/> concrete or cement pads | _____ | _____ |

Hot tub/Spa

Year installed _____

- indoor outdoor

Swimming pool

Year installed _____ Size _____ sq ft

- in ground vinyl in ground concrete above ground vinyl swim spa

Additions

<u>Type</u>	<u>Year built</u>	<u>Size Sq ft)</u>	<u>Check box if</u>		<u>Foundation(full, partial, crawl space, concrete slab, wood basement, ICF)</u>
			<u>Insulated</u>	<u>Heated</u>	
<input type="checkbox"/> one storey	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> two story	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> sunroom	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> verandah/ screened room	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Attached garage

<u>Type</u>	<u>Year</u>	<u>Size(sq ft)</u>	<u>Check box if</u>		<u>Floor Type</u>	
			<u>Insulated</u>	<u>Heated</u>	<u>Concrete</u>	<u>Gravel</u>
<input type="checkbox"/> single vehicle	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> double vehicle	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> triple garage	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other buildings (garages, sheds, shops, etc.)

<u>Type</u>	<u>Year built</u>	<u>Size (sq ft)</u>	<u>Check box if</u>		<u>Floor Type</u>		
			<u>Insulated</u>	<u>Heated</u>	<u>Concrete</u>	<u>Wood</u>	<u>Gravel</u>
<input type="checkbox"/> detached garage	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> shed	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> shop	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> gazebo	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments regarding building(s)

****Please include photos of each building and 2-3 interior photos of the residence including the kitchen/
dining, bath and basement areas.***

Name, address and confirmation

I certify that to the best of my knowledge, the information provided is complete and accurate

Name _____

Date _____

Daytime phone _____ **Evening phone** _____

Email _____

I would like an assessor to contact me