

# Property Feature Sheet

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