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**Property Report:**

**Property Contact Information:**

Contact Name: Andrea Kylczek

Contact Phone Number: 716-278-8761

Contact Email Address: [andrea.klyczek@niagaracounty.com](mailto:andrea.klyczek@niagaracounty.com)

**Property Information:**

Property Address: ex. 111 Landbank Lane, Lockport NY 14094

Property SBL#: ex. 111.11-1-11

Approximate Year Built: ex. 1942

Approximate Square Footage: ex. 1000

Number of Bedroom: ex. 2

Number of Bath: ex. 2

**Property & Neighborhood Development Summary:**

Please describe below the preferred redevelopment plan and include any noteworthy results the municipality would like NORLIC to take into consideration, i.e. owner occupancy, desired tenant, etc. (Please use additional pages if necessary)

Click or tap here to enter text.

**1. Grounds**

**Grading:**

Grading Slope: Choose an item.

Grading Conditions: Choose an item.

Comments: Click or tap here to enter text.

**Driveway/Sidewalk & Walkways:**

Driveway/Sidewalk material: Choose an item.

Driveway/Sidewalk Conditions: Choose an item.

Comments: Click or tap here to enter text.

**Vegetation:**

Vegetation Conditions: Choose an item.

Comments: Click or tap here to enter text.

**Retaining Wall:**

Retaining Wall Material: Choose an item.

If other: Click or tap here to enter text.

Retaining Wall Condition: Choose an item.

Comments: Click or tap here to enter text.

Other Conditions: Choose an item.

Comments: Click or tap here to enter text.

Note: Inspect electrical service conditions while outside.

**2. Exterior**

**Entrance Conditions:**

Front Entrance Type: Choose an item.

If other: Click or tap here to enter text.

Front Entrance Conditions: Choose an item.

Comments: Click or tap here to enter text.

Rear Entrance Type: Choose an item.

If other: Click or tap here to enter text.

Rear Entrance Conditions Choose an item.

Comments: Click or tap here to enter text.

**Exterior Walls/Trim:**

Structure Type: Choose an item.

If other: Click or tap here to enter text.

Exterior Wall Covering: Choose an item.

If other: Click or tap here to enter text.

Exterior Wall Conditions: Choose an item.

Comments: Click or tap here to enter text.

Trim material: Choose an item.

If other: Click or tap here to enter text.

Trim Conditions: Choose an item.

Comments: Click or tap here to enter text.

**Eave/Soffit/Fascia:**

Conditions Choose an item.

Comments: Click or tap here to enter text.

**Windows/Exterior Doors:**

Window Material: Choose an item.

If other: Click or tap here to enter text.

Window Type: Choose an item.

If other: Click or tap here to enter text.

Window Conditions: Choose an item.

Comments: Click or tap here to enter text.

Door Conditions: Choose an item.

Comments: Click or tap here to enter text.

**Exterior Water Spickets:**

Faucet Conditions: Choose an item.

Comments: Click or tap here to enter text.

**3. Roofing**

**Roof Covering:**

Method of Inspection: Choose an item.

Roof Style: Choose an item.

If other: Click or tap here to enter text.

Roof Covering Material: Choose an item.

If other: Click or tap here to enter text.

Number of Layers: Choose an item.

Roof Condition: Choose an item.

Comments: Click or tap here to enter text.

Flashing Conditions: Choose an item.

Comments: Click or tap here to enter text.

Condition of Roof Penetrations: Choose an item.

Comments: Click or tap here to enter text.

Gutter and Downspout Conditions: Choose an item.

Comments: Click or tap here to enter text.

**Chimney:**

Chimney Material: Choose an item.

If other: Click or tap here to enter text.

Chimney Conditions: Choose an item.

Comment: Click or tap here to enter text.

**Attic:**

Access Location: Click or tap here to enter text.

Method of Inspection: Choose an item.

Roof Frame Type: Choose an item.

If other: Click or tap here to enter text.

Roof Frame Condition: Choose an item.

Comments: Click or tap here to enter text.

Ceiling Frame Type: Choose an item.

If other: Click or tap here to enter text.

Ceiling Frame Condition: Choose an item.

Comments: Click or tap here to enter text.

Attic Ventilation Type: Choose an item.

If other: Click or tap here to enter text.

Attic Ventilation Conditions: Choose an item.

Comments: Click or tap here to enter text.

Insulation Type: Choose an item.

If other: Click or tap here to enter text.

Insulation Conditions: Choose an item.

Comments: Click or tap here to enter text.

Attic Fan Condition Choose an item.

Comments: Click or tap here to enter text.

Other Attic Conditions: Choose an item.

Comments: Click or tap here to enter text.

**4. Heating/Air**

**Heating:**

Location of Unit Click or tap here to enter text.

Heating Type: Choose an item.

If other: Click or tap here to enter text.

Energy Source: Choose an item.

If other: Click or tap here to enter text.

Heating Unit Condition: Choose an item.

Comments: Click or tap here to enter text.

Distribution Type: Choose an item.

If other: Click or tap here to enter text.

Distribution Conditions: Choose an item.

Comments: Click or tap here to enter text.

Ventilation Conditions Choose an item.

Comment: Click or tap here to enter text.

Thermostat Condition: Choose an item.

Comments: Click or tap here to enter text.

**Air Conditioning/Cooling:**

Cooling System Type: Choose an item.

If other: Click or tap here to enter text.

A/C Unit Power: Choose an item.

Unit Conditions: Choose an item.

Comments: Click or tap here to enter text.

A/C Line Conditions: Choose an item.

Comments: Click or tap here to enter text.

**Fireplace:**

Fireplace Location: Click or tap here to enter text.

Fireplace Type: Choose an item.

If other: Click or tap here to enter text.

Fireplace Conditions: Choose an item.

Comments: Click or tap here to enter text.

**5. Electrical**

**Service Drop/Weatherhead:**

Electrical Service Type: Choose an item.

Electrical Service Material: Choose an item.

Number of Conductors: Choose an item.

Electrical Service Condition: Choose an item.

Comments: Click or tap here to enter text.

Grounding Condition: Choose an item.

Comments: Click or tap here to enter text.

**Main Electrical Panel:**

Main Disconnect Location: Choose an item.

If other: Click or tap here to enter text.

Main Panel Location: Click or tap here to enter text.

Panel Amperage Rating: Choose an item.

If other: Click or tap here to enter text.

Circuit Protection Type: Choose an item.

If other: Click or tap here to enter text.

Main Panel Conditions Choose an item.

Comments: Click or tap here to enter text.

**Wiring:**

Conductor Type: Choose an item.

If other: Click or tap here to enter text.

Wiring Method: Choose an item.

If other: Click or tap here to enter text.

Conditions: Choose an item.

Comments: Click or tap here to enter text.

Electrical subpanel(s): Click or tap here to enter text.

Subpanel Location(s): Click or tap here to enter text.

Subpanel Conditions Choose an item.

Comments: Click or tap here to enter text.

**6. Plumbing**

**Water Main Line:**

Main shutoff Location: Click or tap here to enter text.

Main Line Material: Choose an item.

If other: Click or tap here to enter text.

Main Line & Valve Condition Choose an item.

Comments: Click or tap here to enter text.

**Water Supply Lines:**

Supply Line Material: Choose an item.

If other: Click or tap here to enter text.

Supply Line Conditions Choose an item.

Comments: Click or tap here to enter text.

**Drain/Waste Lines:**

Drain Line Material: Plastic/PVC, Galvanized, Lead, Copper

Drain Line Conditions Choose an item.

Comments: Click or tap here to enter text.

**Plumbing Vent System:**

Plumbing Vent Pipe Material: Choose an item.

Plumbing Vent Conditions: Choose an item.

Comments: Click or tap here to enter text.

**Gas/Oil Fuel Systems:**

Main Shutoff Location: Click or tap here to enter text.

Fuel Line Material: Choose an item.

If other: Click or tap here to enter text.

Fuel Line Conditions Choose an item.

Comments: Click or tap here to enter text.

Fuel Storage Tank Condition Choose an item.

Comments: Click or tap here to enter text.

**Water Heater(s):**

Water Heater Type: Choose an item.

If other: Click or tap here to enter text.

Water Heater Location: Click or tap here to enter text.

Capacity: Click or tap here to enter text. Gallons

Water Heater Conditions: Choose an item.

Comments: Click or tap here to enter text.

**7. Interiors:**

**Interior Walls/Ceilings/Floors:**

Wall Conditions: Choose an item.

Comments: Click or tap here to enter text.

Ceiling Conditions: Choose an item.

Comments: Click or tap here to enter text.

Floor Conditions Choose an item.

Comments: Click or tap here to enter text.

Closet Conditions Choose an item.

Comments: Click or tap here to enter text.

Heating Source Conditions Choose an item.

Comments: Click or tap here to enter text.

**Windows/Doors:**

Interior Window Conditions Choose an item.

Comments: Click or tap here to enter text.

Interior Door Conditions Choose an item.

Comments: Click or tap here to enter text.

**Interiors Electrical Conditions:**

Electrical Conditions Choose an item.

Comments: Click or tap here to enter text.

Lighting Conditions Choose an item.

Comments: Click or tap here to enter text.

Ceiling Fan Conditions Choose an item.

Comments: Click or tap here to enter text.

Smoke Detectors Present? Choose an item.

Comments: Click or tap here to enter text.

**8. Kitchen**

**Walls/Ceilings/Floors:**

Wall Conditions Choose an item.

Comments: Click or tap here to enter text.

Ceiling Conditions Choose an item.

Comments: Click or tap here to enter text.

Floor Conditions Choose an item.

Comments: Click or tap here to enter text.

Closet Conditions Choose an item.

Comments: Click or tap here to enter text.

Heating Source Conditions Choose an item.

Comments: Click or tap here to enter text.

**Windows/Doors:**

Kitchen Window Conditions Choose an item.

Comments: Click or tap here to enter text.

Kitchen Door Conditions Choose an item.

Comments: Click or tap here to enter text.

**Kitchen Electrical Conditions:**

Electrical Conditions Choose an item.

Comments: Click or tap here to enter text.

Lighting Conditions Choose an item.

Comments: Click or tap here to enter text.

Ceiling Fan Conditions Choose an item.

Comments: Click or tap here to enter text.

**Sink/Counter Tops/Cabinets:**

Counter Condition Choose an item.

Comments: Click or tap here to enter text.

Cabinet Conditions Choose an item.

Comments: Click or tap here to enter text.

Sink Plumbing Conditions Choose an item.

Comments: Click or tap here to enter text.

Sink Faucet Condition Choose an item.

Comments: Click or tap here to enter text.

Garbage Disposal Condition Choose an item.

Comments: Click or tap here to enter text.

**Appliances:**

Stove/Range Type: Choose an item.

Stove/Range Conditions Choose an item.

Comments: Click or tap here to enter text.

Hood/Fan Condition Choose an item.

Comments: Click or tap here to enter text.

Dishwasher Condition Choose an item.

Comments: Click or tap here to enter text.

Refrigerator Condition Choose an item.

Comments: Click or tap here to enter text.

**9. Bath(s):**

**Walls/Ceilings/Floors:**

Wall Conditions Choose an item.

Comments: Click or tap here to enter text.

Ceiling Conditions Choose an item.

Comments: Click or tap here to enter text.

Floor Conditions Choose an item.

Comments: Click or tap here to enter text.

Closet Conditions Choose an item.

Comments: Click or tap here to enter text.

Heating Source Conditions Choose an item.

Comments: Click or tap here to enter text.

**Windows/Doors:**

Window Conditions Choose an item.

Comments: Click or tap here to enter text.

Door Conditions Choose an item.

Comments: Click or tap here to enter text.

**Bathroom Electrical Conditions:**

Electrical Conditions Choose an item.

Comments: Click or tap here to enter text.

Lighting Conditions Choose an item.

Comments: Click or tap here to enter text.

Ventilation Fan Conditions Choose an item.

Comments: Click or tap here to enter text.

**Sink/Plumbing:**

Counter/Cabinet Conditions Choose an item.

Comments: Click or tap here to enter text.

Sink Drain Conditions Choose an item.

Comments: Click or tap here to enter text.

Faucet Conditions Choose an item.

Comments: Click or tap here to enter text.

**Shower/Tub/Toilet:**

Shower Enclosure Condition: Choose an item.

Comments: Click or tap here to enter text.

Tub Condition: Choose an item.

Comments: Click or tap here to enter text.

Bath Faucet Condition: Choose an item.

Comments: Click or tap here to enter text.

Toilet Condition: Choose an item.

Comments: Click or tap here to enter text.

**10. Basement:**

**Basement Walls/Ceilings/Floors:**

Wall Conditions: Choose an item.

Comments: Click or tap here to enter text.

Ceiling Conditions: Choose an item.

Comments: Click or tap here to enter text.

Floor Conditions: Choose an item.

Comments: Click or tap here to enter text.

Closet Conditions: Choose an item.

Comments: Click or tap here to enter text.

Heating Source Conditions: Choose an item.

Comments: Click or tap here to enter text.

**Windows/Doors:**

Window Conditions: Choose an item.

Comments: Click or tap here to enter text.

Door Conditions: Choose an item.

Comments: Click or tap here to enter text.

**Electrical Conditions:**

Electrical Conditions: Choose an item.

Comments: Click or tap here to enter text.

Sump Pump Conditions: Choose an item.

Comments: Click or tap here to enter text.

Other Basement Conditions: Choose an item.

Comments: Click or tap here to enter text.

**11. Garage/Laundry:**

**Garage:**

Garage Type: Choose an item.

Exterior Siding Condition (if detached): Choose an item.

Comments: Click or tap here to enter text.

Roofing Condition (if detached): Choose an item.

Comments: Click or tap here to enter text.

**Garage Interiors:**

Wall Conditions: Choose an item.

Comments: Click or tap here to enter text.

Ceiling Conditions: Choose an item.

Comments: Click or tap here to enter text.

Floor Conditions: Choose an item.

Comments: Click or tap here to enter text.

Window Conditions: Choose an item.

Comments: Click or tap here to enter text.

Door Conditions: Choose an item.

Comments: Click or tap here to enter text.

Electrical/Lighting Conditions Choose an item.

Comments: Click or tap here to enter text.

**Garage Vehicle Door:**

Vehicle Door Condition Choose an item.

Comments: Click or tap here to enter text.

Automatic Door Opener Condition Choose an item.

Comments: Click or tap here to enter text.

**Laundry Room:**

Laundry Room Conditions Choose an item.

Comments: Click or tap here to enter text.

**12. Foundation/Crawl Space:**

**Foundation:**

Access Method: Choose an item.

Access Condition: Choose an item.

Comments: Click or tap here to enter text.

Foundation Type: Choose an item.

Foundation Material: Choose an item.

Foundation Conditions Choose an item.

Comments: Click or tap here to enter text.

Column Type: Choose an item.

Column Conditions Choose an item.

Comments: Click or tap here to enter text.

Ventilation Conditions Choose an item.

Comments: Click or tap here to enter text.

**Flooring/Structure:**

Flooring Support Type: Choose an item.

Flooring Support Conditions Choose an item.

Comments: Click or tap here to enter text.

**Crawl Space Insulation/Vapor Barrier:**

Insulation Conditions Choose an item.

Comments: Click or tap here to enter text.

Vapor Barrier Conditions Choose an item.

Comments: Click or tap here to enter text.

Other Crawl Space Conditions: Choose an item.

Comments: Click or tap here to enter text.