



<p>A. MAJOR TYPE</p> <input type="checkbox"/> 1. Apartments <input type="checkbox"/> 2. Retail <input type="checkbox"/> 3. Wholesale <input type="checkbox"/> 4. Office <input type="checkbox"/> 5. Condo <input type="checkbox"/> 6. Warehouse <input type="checkbox"/> 7. Recreation <input type="checkbox"/> 8. Service <input type="checkbox"/> 9. Lt Manufactured <input type="checkbox"/> 10. Hv Manufactured <input type="checkbox"/> 11. Spec. Purpose	<p>F. FUEL TYPE</p> <input type="checkbox"/> 1. Natural Gas <input type="checkbox"/> 2. Oil Heat <input type="checkbox"/> 3. Electric Heat <input type="checkbox"/> 4. Coal Heat <input type="checkbox"/> 5. Wood Heat <input type="checkbox"/> 6. Solar Heat <input type="checkbox"/> 7. Propane Heat <input type="checkbox"/> 8. Gas/Street <input type="checkbox"/> 9. N/A Fuel Type	<p>M. ROAD TYPE</p> <input type="checkbox"/> 1. Interstate <input type="checkbox"/> 2. US Highway <input type="checkbox"/> 3. State <input type="checkbox"/> 4. Co/City <input type="checkbox"/> 5. Access <input type="checkbox"/> 6. Private <input type="checkbox"/> 7. Paved <input type="checkbox"/> 8. Dirt <input type="checkbox"/> 9. Gravel <input type="checkbox"/> 10. Alley	<p>Q. EXISTING LEASE</p> <input type="checkbox"/> 1. No Lease <input type="checkbox"/> 2. Mo-To-Mo Lease <input type="checkbox"/> 3. Yr-To-Yr Lease <input type="checkbox"/> 4. Long Term Lease <input type="checkbox"/> 5. Opt Renew Lease <input type="checkbox"/> 6. Opt To Purch <input type="checkbox"/> 7. Land Lease <input type="checkbox"/> 8. May Rnego Ls <input type="checkbox"/> 9. Able To Divide
<p>B. ROOFING</p> <input type="checkbox"/> 1. Shingle <input type="checkbox"/> 2. Gravel <input type="checkbox"/> 3. Shake <input type="checkbox"/> 4. Metal <input type="checkbox"/> 5. Slate <input type="checkbox"/> 6. Compos. <input type="checkbox"/> 7. Tar <input type="checkbox"/> 8. Fiberglass <input type="checkbox"/> 9. Rubber	<p>G. WATER/SEWER</p> <input type="checkbox"/> 1. Community/Public Water <input type="checkbox"/> 2. Community/Public Sewer <input type="checkbox"/> 3. Well <input type="checkbox"/> 4. Septic <input type="checkbox"/> 5. Sewer/Street <input type="checkbox"/> 6. Water/Street <input type="checkbox"/> 7. Community Well	<p>N. FLOORING</p> <input type="checkbox"/> 1. WW Carpet <input type="checkbox"/> 2. Part Carpet <input type="checkbox"/> 3. Ceramic Floor <input type="checkbox"/> 4. Terrazo Floor <input type="checkbox"/> 5. Vinyl/Laminate <input type="checkbox"/> 6. Parquet Floor <input type="checkbox"/> 7. Wood Floor <input type="checkbox"/> 8. Marble Floor <input type="checkbox"/> 9. Concrete Floor <input type="checkbox"/> 10. LW Concrete Floor <input type="checkbox"/> 11. HW Concrete Floor <input type="checkbox"/> 12. Steel Floor <input type="checkbox"/> 13. Asphalt Floor <input type="checkbox"/> 14. Brick Floor <input type="checkbox"/> 15. Unfinished Floor	<p>R. DOCUMENTS</p> <input type="checkbox"/> 1. Copy Lease <input type="checkbox"/> 2. Survey <input type="checkbox"/> 3. Topo Map <input type="checkbox"/> 4. Aerial Photo <input type="checkbox"/> 5. Drawings <input type="checkbox"/> 6. Photos <input type="checkbox"/> 7. Blue Prints <input type="checkbox"/> 8. Floor Plans <input type="checkbox"/> 9. Abstract <input type="checkbox"/> 10. Title Search <input type="checkbox"/> 11. Title Insurance <input type="checkbox"/> 12. Env Phase 1 <input type="checkbox"/> 13. Env Phase 2 <input type="checkbox"/> 14. ADA Audit <input type="checkbox"/> 15. Pers Prop List <input type="checkbox"/> 16. Easements
<p>C. BUILT ON</p> <input type="checkbox"/> 1. Full Basement <input type="checkbox"/> 2. Part Basement <input type="checkbox"/> 3. Walkout <input type="checkbox"/> 4. Wood Basement <input type="checkbox"/> 5. Fin Basement <input type="checkbox"/> 6. Pt Fin Basement <input type="checkbox"/> 7. Crawl <input type="checkbox"/> 8. Slab <input type="checkbox"/> 9. Piers	<p>H. AVAILABLE PARKING</p> <input type="checkbox"/> 1. 1-5 Spaces <input type="checkbox"/> 2. 6-10 Spaces <input type="checkbox"/> 3. 11-20 Spaces <input type="checkbox"/> 4. 21-100 Spaces <input type="checkbox"/> 5. 100+ Spaces <input type="checkbox"/> 6. Paved <input type="checkbox"/> 7. Gravel <input type="checkbox"/> 8. Enclosed <input type="checkbox"/> 9. Underground <input type="checkbox"/> 10. Ramp <input type="checkbox"/> 11. Owned <input type="checkbox"/> 12. Lease <input type="checkbox"/> 13. Municipal	<p>O. MISC. EXTERIOR</p> <input type="checkbox"/> 1. Sidewalk <input type="checkbox"/> 2. Load Dock <input type="checkbox"/> 3. RR Service <input type="checkbox"/> 4. Outbuilding <input type="checkbox"/> 5. Roof Sign <input type="checkbox"/> 6. Pole Sign <input type="checkbox"/> 7. Owned SC System <input type="checkbox"/> 8. Owned SC Fence <input type="checkbox"/> 9. Lawn Sprinkler <input type="checkbox"/> 10. Out Storage <input type="checkbox"/> 11. Overhead Door <input type="checkbox"/> 12. Truck Well <input type="checkbox"/> 13. Barrier Free <input type="checkbox"/> 14. Above Fuel Tank <input type="checkbox"/> 15. In Ground Tank <input type="checkbox"/> 16. No Tank <input type="checkbox"/> 17. Leased Sec Sys <input type="checkbox"/> 18. Leased Sec Fence	<p>S. ASSESSMENTS</p> <input type="checkbox"/> 1. Parking <input type="checkbox"/> 2. Water <input type="checkbox"/> 3. Street <input type="checkbox"/> 4. Sewer <input type="checkbox"/> 5. Sidewalk <input type="checkbox"/> 6. TBA
<p>D. CONSTRUCTION</p> <input type="checkbox"/> 1. Poured Concrete <input type="checkbox"/> 2. Frame <input type="checkbox"/> 3. Metal <input type="checkbox"/> 4. Brick <input type="checkbox"/> 5. Stucco <input type="checkbox"/> 6. Stone <input type="checkbox"/> 7. Wood <input type="checkbox"/> 8. Prefab <input type="checkbox"/> 9. Slate <input type="checkbox"/> 10. Aluminum <input type="checkbox"/> 11. Vinyl <input type="checkbox"/> 12. Pole	<p>I. UTILITIES AVAILABLE</p> <input type="checkbox"/> 1. Gas/Street <input type="checkbox"/> 2. Telephone <input type="checkbox"/> 3. Cable TV <input type="checkbox"/> 4. Trash <input type="checkbox"/> 5. 110 Volt <input type="checkbox"/> 6. 220 Volt <input type="checkbox"/> 7. 440 Volt <input type="checkbox"/> 8. 880 Volt <input type="checkbox"/> 9. 3 Phase <input type="checkbox"/> 10. Under 400 Amps	<p>P. MISC. INTERIOR</p> <input type="checkbox"/> 1. Public Restroom <input type="checkbox"/> 2. Private Restroom <input type="checkbox"/> 3. Barrier Free <input type="checkbox"/> 4. Freight Elevator <input type="checkbox"/> 5. Passenger Elevator <input type="checkbox"/> 6. Handicap Elevator <input type="checkbox"/> 7. Janitor Elevator <input type="checkbox"/> 8. Owned SC System <input type="checkbox"/> 9. Display Window <input type="checkbox"/> 10. Fire Sprinkler <input type="checkbox"/> 11. Conveyor <input type="checkbox"/> 12. Furniture <input type="checkbox"/> 13. Fixtures <input type="checkbox"/> 14. Compressor <input type="checkbox"/> 15. Living Space <input type="checkbox"/> 16. Loft <input type="checkbox"/> 17. Meeting Room <input type="checkbox"/> 18. Show Room <input type="checkbox"/> 19. Kitchen <input type="checkbox"/> 20. Recept Area <input type="checkbox"/> 21. No Elevator <input type="checkbox"/> 22. See Remarks/Interior <input type="checkbox"/> 23. Leased Sec System <input type="checkbox"/> 24. ADA Comply	<p>T. TRANSMIT TO INTERNET</p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
<p>E. HEAT/COOL</p> <input type="checkbox"/> 1. Forced Air <input type="checkbox"/> 2. Hot Water <input type="checkbox"/> 3. Baseboard <input type="checkbox"/> 4. Wall <input type="checkbox"/> 5. Gravity <input type="checkbox"/> 6. Steam <input type="checkbox"/> 7. Space <input type="checkbox"/> 8. Radiant <input type="checkbox"/> 9. Central <input type="checkbox"/> 10. Central/Zoned <input type="checkbox"/> 11. Window AC <input type="checkbox"/> 12. Central AC <input type="checkbox"/> 13. Heat Pump <input type="checkbox"/> 14. Solar Active <input type="checkbox"/> 15. Solar Passive <input type="checkbox"/> 16. Make Up Air <input type="checkbox"/> 17. NA/Heat Cool	<p>J. LOCATION</p> <input type="checkbox"/> 1. Corner Lot <input type="checkbox"/> 2. Business Dis <input type="checkbox"/> 3. Indust Park <input type="checkbox"/> 4. Shop Center <input type="checkbox"/> 5. Mall <input type="checkbox"/> 6. Prof. Center <input type="checkbox"/> 7. Strip Mall <input type="checkbox"/> 8. Free/Stand	<p>K. TERMS</p> <input type="checkbox"/> 1. Conventional <input type="checkbox"/> 2. Lease <input type="checkbox"/> 3. Lease Exchange <input type="checkbox"/> 4. Lease Purchase <input type="checkbox"/> 5. Exchange <input type="checkbox"/> 6. Assume <input type="checkbox"/> 7. Cash <input type="checkbox"/> 8. Owner Finance <input type="checkbox"/> 9. Land Contract <input type="checkbox"/> 10. Owner Financing	<p>U. BUSINESS TYPE</p> <input type="checkbox"/> 1. Auto/Auto Pt. <input type="checkbox"/> 2. Salon Barber <input type="checkbox"/> 3. Restaurant <input type="checkbox"/> 4. Bar/Tavern <input type="checkbox"/> 5. Floral/Greenhouse <input type="checkbox"/> 6. Convenience Store <input type="checkbox"/> 7. Party Store <input type="checkbox"/> 8. Hotel/Motel <input type="checkbox"/> 9. Special Gift <input type="checkbox"/> 10. Laundry Dry Cleaning <input type="checkbox"/> 11. Medical/Dental <input type="checkbox"/> 12. Fast Food <input type="checkbox"/> 13. Ice Cream <input type="checkbox"/> 14. Sales/Service <input type="checkbox"/> 15. Recreation <input type="checkbox"/> 16. Repair <input type="checkbox"/> 17. Hardware <input type="checkbox"/> 18. Real Estate <input type="checkbox"/> 19. Insurance <input type="checkbox"/> 20. Wholesale <input type="checkbox"/> 21. Retail <input type="checkbox"/> 22. Manufacturing <input type="checkbox"/> 23. Warehouse <input type="checkbox"/> 24. Car Wash <input type="checkbox"/> 25. Health Club
	<p>L. POSSESSION</p> <input type="checkbox"/> 1. Poss At Closing <input type="checkbox"/> 2. Tenant Rights <input type="checkbox"/> 3. 30 Days <input type="checkbox"/> 4. 60 Days <input type="checkbox"/> 5. 90 Days <input type="checkbox"/> 6. Other		

Owner's Approval Of The Above Features Selected Owner's Initials _____ Owner's Initials: _____ Broker/Agent Initials: _____