

## REAL ESTATE CONDITION CHECK LIST

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**Address:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Contact's Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Lot Size:** \_\_\_\_\_ **Zoning:** \_\_\_\_\_ **S.F.** \_\_\_\_\_ **BR(S)** \_\_\_ **BA(S)** \_\_\_

**Comps:** \_\_\_\_\_

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**Year Built:** \_\_\_\_\_ **Brick / Frame / Stucco / Dryvit / Vinyl Siding / Stone**

**How Long on Market:** \_\_\_\_\_ **Listed / FSBO** \_\_\_\_\_

**Intended Disposition:** \_\_\_\_\_

**EXTERIOR: Foundation:** \_\_\_\_\_ **Site Grade:** \_\_\_\_\_

**Landscaping:** \_\_\_\_\_ **Flood Plain:** \_\_\_\_\_

**Driveway:** \_\_\_\_\_ **Gutters:** \_\_\_\_\_ **Roofing:** \_\_\_\_\_

**Siding Condition:** \_\_\_\_\_ **Paint:** \_\_\_\_\_ **Entry(s):** \_\_\_\_\_

**Windows / Screens:** \_\_\_\_\_ **Basement:** \_\_\_\_\_ **Outbuildings:** \_\_\_\_\_

**Structural:** \_\_\_\_\_

**INTERIOR: Trash-Out:** \_\_\_\_\_ **Paint:** \_\_\_\_\_ **Floors:** \_\_\_\_\_

**Leveling:** \_\_\_\_\_ **Sheetrock:** \_\_\_\_\_ **Attic:** \_\_\_\_\_

**Doors:** \_\_\_\_\_ **Skylights:** \_\_\_\_\_ **Lighting:** \_\_\_\_\_ **F/P:** \_\_\_\_\_

**Electrical Trim:** \_\_\_\_\_ **Carpentry Trim:** \_\_\_\_\_ **H'ware:** \_\_\_\_\_

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**KITCHEN: Possible Expansion: Yes / No Flooring: \_\_\_\_\_**

**Storage: \_\_\_\_\_ Sink: \_\_\_\_\_ Base Cabinets: \_\_\_\_\_**

**Wall Cabinets: \_\_\_\_\_ Countertops: \_\_\_\_\_**

**Faucet: \_\_\_\_\_ Stove: \_\_\_\_\_ Refrig: \_\_\_\_\_**

**Dishwasher: \_\_\_\_\_ Wallpaper: \_\_\_\_\_**

**Backsplash: \_\_\_\_\_ Lighting: \_\_\_\_\_ GFI: \_\_\_\_\_**

**BATH # 1: Floor Material: Vinyl / Tile / Other Condition: \_\_\_\_\_**

**Tub / Shower: Material: \_\_\_\_\_ Condition: \_\_\_\_\_**

**Lavatory: \_\_\_\_\_ Faucets / Shower Head / Controls: \_\_\_\_\_**

**Med. Cabinet / Mirror: \_\_\_\_\_ Lighting: \_\_\_\_\_ Vanity: \_\_\_\_\_**

**Commode: \_\_\_\_\_ Paper Holder: \_\_\_\_\_ Vent Fan: \_\_\_\_\_ GFI: \_\_\_\_\_**

**BATH # 2: Floor Material: Vinyl / Tile / Other Condition: \_\_\_\_\_**

**Tub / Shower: Material: \_\_\_\_\_ Condition: \_\_\_\_\_**

**Lavatory: \_\_\_\_\_ Faucets / Shower Head / Controls: \_\_\_\_\_**

**Med. Cabinet / Mirror: \_\_\_\_\_ Lighting: \_\_\_\_\_ Vanity: \_\_\_\_\_**

**Commode: \_\_\_\_\_ Paper Holder: \_\_\_\_\_ Vent Fan: \_\_\_\_\_ GFI: \_\_\_\_\_**

**HEAT: \_\_\_\_\_ A/C: \_\_\_\_\_ PLBG: \_\_\_\_\_ ELEC: \_\_\_\_\_**

**PANEL AMPERAGE: \_\_\_\_\_ SEWER / SEPTIC: \_\_\_\_\_**

**NOTES & SKETCHES CONTINUED ON BACK: \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_