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I=Inspected R=Not Functioning or In Need of Repair C=Comments

I	Inspection Item	R	C	Comments
D. FIREPLACE AND CHIMNEY:				
<input checked="" type="checkbox"/>	1. Gas Log Lighters & Valves	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA
<input checked="" type="checkbox"/>	2. Damper Operation	<input type="checkbox"/>	<input type="checkbox"/>	
II MECHANICAL SYSTEMS				
A. APPLIANCES:				
1. DISHWASHER				
<input checked="" type="checkbox"/>	a. Operation	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	b. Door Gaskets	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	c. Control Knobs	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	d. Interior Parts: (Dish tray, Spray arms, Soap Dispenser, Etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	e. Rust on Parts or Components	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	f. Door Spring(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	g. Discharge Hose or Piping	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HAVE NOT LOOPED
<input checked="" type="checkbox"/>	h. Unit Mounting	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	i. Presence of Water Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
2. FOOD WASTE DISPOSER:				
<input checked="" type="checkbox"/>	a. Splash Guard, Grinding Components	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	b. Secure Mounting/Excessive Vibration	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	c. Water Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
3. RANGE EXHAUST VENT:				
<input checked="" type="checkbox"/>	a. Filter, Switches, light	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FILTER GIVELY
<input checked="" type="checkbox"/>	b. Blower	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	c. Vent Pipe	<input type="checkbox"/>	<input type="checkbox"/>	
4. ELECTRIC or GAS RANGE:				
<input checked="" type="checkbox"/>	a. Knobs, Pans and Other Parts	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	b. Elements or Burners, and Signal Lights	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	c. Gas Line & Shut-Off Valve Material	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA
<input checked="" type="checkbox"/>	d. Anti-tip-Device	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NOT PRESENT

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	5. ELECTRIC or GAS OVEN:			
<input checked="" type="checkbox"/>	a. Knobs, Handles, Glass Panels	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	b. Lights, Light Covers	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	c. Doors, Door Seals, Springs and Latches	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	d. Unit Mounting	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	e. Elements or Burners	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	f. Gasline & Shut -Off Valve	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA
<input checked="" type="checkbox"/>	g. Clock and Timer	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	h. Thermostats: Temperature <u>350</u> °F	<input type="checkbox"/>	<input type="checkbox"/>	
	6. MICROWAVE OVEN:			NOTE: NO CHECK IS PERFORMED FOR RADIATION LEAKS
<input type="checkbox"/>	a. Operation	<input type="checkbox"/>	<input type="checkbox"/>	NA
<input type="checkbox"/>	b. Knobs, Handles, Glass Panels or Other Parts	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	c. Door & Seal	<input type="checkbox"/>	<input type="checkbox"/>	
	7. TRASH COMPACTOR:			
<input checked="" type="checkbox"/>	a. Operation	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	b. Mounting, Knobs and Switches	<input type="checkbox"/>	<input type="checkbox"/>	
	8. OTHER BUILT-IN KITCHEN APPLIANCES:			
<input type="checkbox"/>	a. _____	<input type="checkbox"/>	<input type="checkbox"/>	NA
<input type="checkbox"/>	b. _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	c. _____	<input type="checkbox"/>	<input type="checkbox"/>	
	9. BATHROOM EXHAUST VENTS AND ELECTRIC HEATERS:			
<input checked="" type="checkbox"/>	Operation: Vibration, Sound, Mounting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ONE SLIGHTLY NOISY
	10. WHOLE HOUSE VACUUM SYSTEM:			
<input type="checkbox"/>	Operation: Suction/Outlet/Switches (all)	<input type="checkbox"/>	<input type="checkbox"/>	NA
	11. GAS or ELECTRIC WATER HEATER:			
	a. Unit: <u>#1 overcloser</u>			GAS LINE LEAKS
<input checked="" type="checkbox"/>	1. Operation & Installation	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	2. Energy Source <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	3. Tank & Fittings	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	4. Temperature & Pressure Relief Valve/Drain Line	<input type="checkbox"/>	<input type="checkbox"/>	

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<input type="checkbox"/>	5. Wiring, Parts, Controls, Covers and Pan	<input type="checkbox"/>	<input type="checkbox"/>	NA
<input type="checkbox"/>	6. Burner Assembly/Flame or Heating Element(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	7. Gas Line/Shut-Off Valve Material _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	8. Vent Pipe: Clearance/Termination	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	9. Combustion Air/Draft Air	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	10. (Garage Unit): 18 inch Clearance From Floor	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	11. Physical Protection	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	b. Unit: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	1. Operation & Installation	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	2. Energy Source <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	3. Tank & Fittings	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	4. Temperature & Pressure Relief Valve/Drainline	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	5. Wiring, Parts, Controls, Covers and Pan	<input type="checkbox"/>	<input type="checkbox"/>	NA
<input type="checkbox"/>	6. Burner Assembly/Flame or Heating Element(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	7. Gas Line/Shut-Off Valve Material _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	8. Vent Pipe: Clearance/Termination	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	9. Combustion Air/Draft Air	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	10. (Garage Unit): 18 inch Clearance From Floor	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	11. Physical Protection	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	12. DOORBELL & CHIMES:			
<input checked="" type="checkbox"/>	Operation/Installation	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	13. ATTIC POWER VENTS:			NA
<input type="checkbox"/>	a. Operation/ Installation	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	b. Thermostat/Controls	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	c. Sound/Speed/Vibration	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	14. GARAGE DOOR OPERATORS:			NA
<input type="checkbox"/>	a. Operation/Installation	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	b. Safety Reversing Mechanisms (Block Test)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	15. HYDROTHERAPY OR WHIRLPOOL EQUIPMENT			
<input type="checkbox"/>	a. Operation/Controls/Switches	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	b. Ground Fault Circuit Interrupter	<input type="checkbox"/>	<input type="checkbox"/>	

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<input type="checkbox"/>	c. Valves/Ports	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	d. Pump/Motor/Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	
B. COOLING SYSTEM:				
1. Cooling systems other than evaporative coolers.				NOTE: AIR CONDITIONING SYSTEMS ARE NOT TO BE OPERATED WHEN OUTDOOR TEMPERATURE IS BELOW 60 DEGREES F.
<input checked="" type="checkbox"/>	a. Unit: <u>only</u>			
<input checked="" type="checkbox"/>	i. Performance/Operation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	UNIT IS NOT COOLING AS WELL AS IT COULD.
	Type: _____			
	Energy Source: _____			
	Supply: <u>67</u> °F			
	Return: <u>83</u> °F			
	Temperature Differential: <u>16</u>			
<input checked="" type="checkbox"/>	ii. Condensate Drain(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	iii. Piping Insulation	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	iv. Condensing Unit Condition	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	b. Unit: _____			
<input type="checkbox"/>	i. Performance/Operation	<input type="checkbox"/>	<input type="checkbox"/>	NA
	Type: _____			
	Energy Source: _____			
	Supply: _____ °F			
	Return: _____ °F			
	Temperature Differential: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	ii. Condensate Drain(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	iii. Piping Insulation	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	iv. Condensing Unit Condition	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	c. Unit: _____			
<input type="checkbox"/>	i. Performance/Operation	<input type="checkbox"/>	<input type="checkbox"/>	
	Type: _____			
	Energy Source: _____			
	Supply: _____ °F			
	Return: _____ °F			
	Temperature Differential: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	ii. Condensate Drain(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	iii. Piping Insulation	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	iv. Condensing Unit Condition	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	d. Unit: _____			
<input type="checkbox"/>	i. Performance/Operation	<input type="checkbox"/>	<input type="checkbox"/>	
	Type: _____			
	Energy Source: _____			
	Supply: _____ °F			
	Return: _____ °F			
	Temperature Differential: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	ii. Condensate Drain(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	iii. Piping Insulation	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	iv. Condensing Unit Condition	<input type="checkbox"/>	<input type="checkbox"/>	

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	<p>e. Unit: _____</p> <p>i. Performance/Operation</p> <p>Type: _____</p> <p>Energy Source: _____</p> <p>Supply: _____ °F</p> <p>Return: _____ °F</p> <p>Temperature Differential: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	NA
<input type="checkbox"/>	ii. Condensate Drain(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	iii. Piping Insulation	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	iv. Condensing Unit Condition	<input type="checkbox"/>	<input type="checkbox"/>	
2. Evaporative coolers.				
<input type="checkbox"/>	a. Motor/Pump Operation/Controls	<input type="checkbox"/>	<input type="checkbox"/>	NOT NORMALLY FOUND IN THIS AREA (NO TEST). NA
	Speed: <input type="checkbox"/> One <input type="checkbox"/> Two			
<input type="checkbox"/>	b. Power Source	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	c. Tubes/Clips/Bleeders	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	d. Water Supply/Float/Backflow Prevention	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	e. Blower Assembly/Belts/Pulleys	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	f. Panels/Trays/Housing/Roof Frame & Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	g. Dampers/Registers/Ducts	<input type="checkbox"/>	<input type="checkbox"/>	
C. HEATING SYSTEM:				
<input checked="" type="checkbox"/>	<p>J. Unit: _____</p> <p>a. Performance/Operation</p> <p>Type: _____</p> <p>Energy Source:</p> <p><input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Other _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	HEATING NOTE: VISUAL INSPECTION ONLY NO DISASSEMBLY PERFORMED HEAT EXCHANGER DEFECTS ARE NOT PART OF THIS INSPECTION UNLESS VISIBLE WITHOUT ANY DISASSEMBLY NA
<input type="checkbox"/>	b. Thermostat/Controls/Limit Controls	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	c. Gas Units:			
<input type="checkbox"/>	i. Burner Assembly/Compartment	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	ii. Condition of Flame	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	iii. Vent Pipe: Clearances/Routing/Termination	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	iv. Combustion Air/Draft Air	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	v. Gas Supply Lines/Shut-Off Valve(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	d. Electric Units:			
<input type="checkbox"/>	i. Element(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	ii. Heat Pump Units	<input type="checkbox"/>	<input type="checkbox"/>	

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<input type="checkbox"/>	<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other _____			NA
<input type="checkbox"/>	b. Thermostat/Controls/Limit Controls	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	c. Gas Units:			
<input type="checkbox"/>	i. Burner Assembly/Compartment	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	ii. Condition of Flame	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	iii. Vent Pipe: Clearances/Routing/Termination	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	iv. Combustion Air/Draft Air	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	v. Gas Supply Lines/Shut-Off Valve(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	d. Electric Units:			
<input type="checkbox"/>	i. Element(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	ii. Heat Pump Unit	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	5. Unit: _____			
<input type="checkbox"/>	a. Performance/Operation	<input type="checkbox"/>	<input type="checkbox"/>	
	Type: _____			
	Energy Source:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other _____			
<input type="checkbox"/>	b. Thermostat/Controls/Limit Controls	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	c. Gas Units:			
<input type="checkbox"/>	i. Burner Assembly/Compartment	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	ii. Condition of Flame	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	iii. Vent Pipe: Clearances/Routing/Termination	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	iv. Combustion Air/Draft Air	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	v. Gas Supply Lines/Shut-Off Valve(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	d. Electric Units:			
<input type="checkbox"/>	i. Element(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	ii. Heat Pump Unit	<input type="checkbox"/>	<input type="checkbox"/>	
	D. DUCTS, VENTS (INCLUDING DOMESTIC DRYERS) AND FLUES			
<input checked="" type="checkbox"/>	a. Ducts/Routing/Materials	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	b. Supply Air Flow	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	c. Duct Fans/Filters	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	d. Supply/Return Plenums	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	e. Flue & Vent Pipes	<input type="checkbox"/>	<input type="checkbox"/>	
	i. <input type="checkbox"/> Range Vent	<input type="checkbox"/>	<input type="checkbox"/>	
	ii. <input type="checkbox"/> Dryer Vent	<input type="checkbox"/>	<input type="checkbox"/>	

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	iii. <input type="checkbox"/> Gas-Fired Appliance Vent(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	D. PLUMBING SYSTEM:			
<input type="checkbox"/>	1. Supply Piping (visible) Condition Type: <input type="checkbox"/> Copper <input type="checkbox"/> Plastic <input type="checkbox"/> Ferrous	<input type="checkbox"/>	<input type="checkbox"/>	PLUMBING (EXPOSED) VISUAL INSPECTION ONLY NOTE: WE DO NOT CHECK SEWER LINES OR GAS LINES. SHOWER PAN LEAK TESTS ARE NOT PERFORMED AS A PART OF THIS INSPECTION
<input type="checkbox"/>	2. Drain/Waste/Vent Piping (visible) Condition Type: <input type="checkbox"/> Plastic <input type="checkbox"/> Iron <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	3. Fixtures: (Functional Flow and Drainage - Backflow Prevention) (Identification (Orientation) of Hot/Cold Faucets)	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	a. Kitchen Sink(s)	<input type="checkbox"/>	<input type="checkbox"/>	NOT VISIBLE
	i. Faucet Assembly(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	ii. Supply Pipes/Valves	<input type="checkbox"/>	<input type="checkbox"/>	
	Spray Attachment(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	Drains Pipes/Stops	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	b. Laundry Connections/Sink(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	i. Faucet Assembly(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	ii. Supply Pipes/Valves	<input type="checkbox"/>	<input type="checkbox"/>	
	Spray Attachment(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	Drains Pipes/Stops	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	c. Wet Bar Sink(s)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
	i. Faucet Assembly(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	ii. Supply Pipes/Valves	<input type="checkbox"/>	<input type="checkbox"/>	
	iii. Spray Attachment(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	iv. Drains Pipes/Stops	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	d. Bath Room Group(s) #1	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	i. Lavatory(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	-a- Faucet Assembly(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	-b- Supply Pipes/Valves	<input type="checkbox"/>	<input type="checkbox"/>	
	-c- Drains Pipes/Stops	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	ii. Tub/Shower Unit(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	-a- Faucet Assembly(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	-b- Supply Pipes/Valves	<input type="checkbox"/>	<input type="checkbox"/>	
	-c- Drains Pipes/Stops	<input type="checkbox"/>	<input type="checkbox"/>	

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<input checked="" type="checkbox"/>	-d- Enclosure(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	-e- Shower Pan	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	iii. Commode(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	-a- Supply Pipe/Valve(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	-b- Bowl/Tank	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	-c- Anchorage	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	iv. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	e. Bath Room Group(s) <u>STAIR</u>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	I. Lavatory(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	-a- Faucet Assembly(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	-b- Supply Pipes/Valves	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	-c- Drains Pipes/Stops	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	ii. Tub/Shower Unit(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	-a- Faucet Assembly(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	-b- Supply Pipes/Valves	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	-c- Drains Pipes/Stops	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	-d- Enclosure(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	-e- Shower Pan	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	iii. Commode(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	-a- Supply Pipe/Valve(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	-b- Bowl/Tank	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	-c- Anchorage	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	iv. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	f. Bath Room Group(s) _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	I. Lavatory(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	-a- Faucet Assembly(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	-b- Supply Pipes/Valves	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	-c- Drains Pipes/Stops	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	ii. Tub/Shower Unit(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	-a- Faucet Assembly(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	-b- Supply Pipes/Valves	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	-c- Drains Pipes/Stops	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	-d- Enclosure(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	-e- Shower Pan	<input type="checkbox"/>	<input type="checkbox"/>	

NA

Note: If item not present in property or not inspected "inspected box" will not be checked and explanation is mandatory.

I=Inspected

R=Not Functioning or In Need of Repair

C=Comments

I	Inspection Item	R	C	Comments
<input type="checkbox"/>	iii. Commode(s)	<input type="checkbox"/>	<input type="checkbox"/>	NA
	-a- Supply Pipe/Valve(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	-b- Bowl/Tank	<input type="checkbox"/>	<input type="checkbox"/>	
	-c- Anchorage	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	iv. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	g. Bath Room Group(s) _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	i. Lavatory(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	-a- Faucet Assembly(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	-b- Supply Pipes/Valves	<input type="checkbox"/>	<input type="checkbox"/>	
	-c- Drains Pipes/Stops	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	ii. Tub/Shower Unit(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	-a- Faucet Assembly(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	-b- Supply Pipes/Valves	<input type="checkbox"/>	<input type="checkbox"/>	
	-c- Drains Pipes/Stops	<input type="checkbox"/>	<input type="checkbox"/>	
	-d- Enclosure(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	-e- Shower Pan	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	iii. Commode(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	-a- Supply Pipe/Valve(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	-b- Bowl/Tank	<input type="checkbox"/>	<input type="checkbox"/>	
	-c- Anchorage	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	iv. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	h. Bath Room Group(s) _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	i. Lavatory(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	-a- Faucet Assembly(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	-b- Supply Pipes/Valves	<input type="checkbox"/>	<input type="checkbox"/>	
	-c- Drains Pipes/Stops	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	ii. Tub/Shower Unit(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	-a- Faucet Assembly(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	-b- Supply Pipes/Valves	<input type="checkbox"/>	<input type="checkbox"/>	
	-c- Drains Pipes/Stops	<input type="checkbox"/>	<input type="checkbox"/>	
	-d- Enclosure(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	-e- Shower Pan	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	iii. Commode(s)	<input type="checkbox"/>	<input type="checkbox"/>	
	-a- Supply Pipe/Valve(s)	<input type="checkbox"/>	<input type="checkbox"/>	

Note: If item not present by property or not inspected "inspected box" will not be checked and explanation is mandatory.

I=Inspected

R=Not Functioning or In Need of Repair

C=Comments

I	Inspection Item	R	C	Comments	
<input type="checkbox"/>	-b- Bowl/Tank	<input type="checkbox"/>	<input type="checkbox"/>	NA	
<input type="checkbox"/>	-c- Anchorage	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	iv. Other	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	4. Exterior Faucets/Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	NA	
III. ELECTRICAL SYSTEMS:					
A. SERVICE ENTRANCE AND PANELS:					
<input checked="" type="checkbox"/>	1. Service Entrance And Panels:	<input type="checkbox"/>	<input type="checkbox"/>	VISIBLE & ACCESSIBLE EQUIPMENT WE DO NOT MOVE OR REMOVE OBJECTS, FURNITURE OR APPLIANCES TO GAIN ACCESS.	
	<input checked="" type="checkbox"/> Visible Wiring Type(s): (Service) <input type="checkbox"/> Copper <input checked="" type="checkbox"/> Aluminum				
	<input checked="" type="checkbox"/> Visible Wiring Type(s): (Feeder(s)) <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum				
<input checked="" type="checkbox"/>	a. Wiring Condition(s):	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	b. Appropriate Connections	<input type="checkbox"/>	<input type="checkbox"/>		
	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent				
<input checked="" type="checkbox"/>	c. Service Drop/Weatherhead/Mast:	<input type="checkbox"/>	<input type="checkbox"/>		NA NOT VISIBLE
<input checked="" type="checkbox"/>	d. Grounding System: (Electrode/Conductor(s))	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	e. Panelboard(s):	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	f. Main Disconnect(s):	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	g. Overcurrent Protection:	<input type="checkbox"/>	<input type="checkbox"/>		
B. BRANCH CIRCUITS, CONNECTED DEVICES AND FIXTURES:					
<input checked="" type="checkbox"/>	1. Branch Circuits, Connected Devices and Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	NO GFI'S ANYWHERE	
	Visible Wiring Type(s): <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Other _____				
<input checked="" type="checkbox"/>	2. Subpanels:	<input type="checkbox"/>	<input type="checkbox"/>		NA
<input checked="" type="checkbox"/>	3. Wiring/Boxes/Conduit/Gutters:	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	4. Grounding/Bonding	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> System <input type="checkbox"/> Appliances/Equipment				
<input checked="" type="checkbox"/>	5. Equipment Disconnects	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	6. Receptacle(s):	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	7. Switch(es):	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	8. Ground Fault Circuit Interrupter(s):	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	<input type="checkbox"/> Bathroom(s) <input type="checkbox"/> Kitchen <input type="checkbox"/> Garage <input type="checkbox"/> Exterior <input type="checkbox"/> Pools <input type="checkbox"/> Other _____				
<input checked="" type="checkbox"/>	9. Fixtures: (Lights, Fans, Etc.)	<input type="checkbox"/>	<input type="checkbox"/>		

Tape de la estufa

PRUDENTIAL TEXAS PROP THE 977-9449 05/28/98 DENISE DIMICELI

ML# 321969 County HARRIS TOWNHOUSE CONDOMINIUM 05/28/98 04:20 PM
Also for Lease N Area 23 Tax ID# 114-521-003-0002-001 Status S
Addr*700 / /*THICKET SubArea 41 KM*488H LP \$ - 42000
Subd WESTCHESTER PLACE CONDO #*302 Zip 77079- Lot Value N
MktArea MEMORIAL Legal*TH 302 BLDG 3 Section# 1
SchDist 49 Elem MEADOWWOOD SqFt - 1010/ BUILDER YrBuilt*1979/*APPDIST
Middle SPRING FOREST High STRATFORD

OFFICE INFORMATION
LA PublicID GLOWTHER Office 713/497-0000- Fax# 713/497-0077 KB#
LA Name GLYNDA LOWTHER Night 713/664-8518 Pager# 713/912-6563 Image 1
Broker COAD01 ListCo MEMORIAL REALTY Addr 14133 MEMORIAL BL# 241181

DESCRIPTION AND ROOM DIMENSIONS
TypeCondo Y ComWalls Y New/Recent N/ Frnt Door Faces S
#BldgStories 2 #UntStories *1.0 CondoUntLvl TOPLEVL Efficiency N
Living 16X13 Dining 8X8 1stBd 16X12 4thBd / # Bedrooms 2/
Den Kitchn 8X8 2ndBd 12X11 5thBd 2 # FB/HB 2/
GameRm Brkfst 3rdBd ExtrRm Garage /
Lot Size / Access / Carport 2/ DETACHED
Lot Dim / Parking ASSIGN / /

Rem GORGEOUS END UNIT OVERLOOKING POOL IN SMALL, QUIET, WELL-MAINTAINED COMPLEX
GATED & SECURE. LITE & BRITE - NEW TAUPE CARPET, FRESH WHITE PAINT, MIRRORED
WALLS. ELEGANT FIREPLACE. LARGEST 2-BEDROOM. CLEAN APPLIANCES - INCL. BEST 2
COV PARKING SPOTS M2&3. EZ SHOW!!! Show APPTREQD/KBFRNTDR/SUPRAKB /

Access/Lockbox Info:
Dir MEMORIAL TO N ON THICKET; COMPLEX ON EAST SIDE OF ST. NEED GATE CODE.

INTERIOR FEATURES
Micro N Dishwshr Y Cmpctr Y Dispsl Y Oven ELECTR / Range ELECTR /
Appl DRYRINC/WSHRINC/FULLSIZE/REFR / / SepIceMkr
WashDryConn Y Locatn HOUSE Energy / / Fireplace 1/WOOD
Intr / / / / /
Bedrooms / / / Master Bath / /
Rooms / / / / /

EXTERIOR FEATURES
PrivatePool N AreaPool Y Roof COMPSTN/ UnitLoc OVRPOOL/
Exter Constr BRCK/VN/ Foundation SLAB /
Extr / / / / /
Street Surface / / / / /

UTILITIES INFORMATION
Heat CNTELEC/ Cool CNTELEC/
Wtr/Swr PUBSEWR/PUBWATR Utility District N #Ceiling Fans

ADDITIONAL INFORMATION
Management Co Y Management Name PRIME SITE Ph# 713/932-6111
Defects NO-KNWN/ Disclosure SELLER / / /
Exclusions Flood Insuranc NOT-REQ
List Date 06/07/96 List Type ER-NPX

Compensatn: SubAgt 3 BuyerAgt 3 Bonus Var/Dual Rate N

FINANCIAL INFORMATION
1st Assumable N FinAvl CASH /CONV / / /
1st Lien \$ Exist Fin 1st CONV / Date of Bal IR %
2nd Lien \$ Exist Fin 2nd / 1st Holder
Total MP \$ MonthPmt Incl / Yrs Remaining 1st Assump
Equity \$ Monthly Maint Y/\$ 141 AssessValu \$* 34500/*APPDIST
MntInclude CABLTV /EXTER /GATES /GROUND /INSURN
OwnerOccRate % Taxes W/O Exemptions/Yr \$* 1059/*95 Exemptions

PENDING INFORMATION
PD 07/17/96 ED 08/16/96 SA Public ID HALEYE Sell Broker COAD01 DOM 40

SOLD INFORMATION
Sale Price \$ 41000 Terms CONV/ TotlDiscount Pts .000% CloseDate 08/21/96
New Loan \$ 36900 IntrstRate 8.750% Amortized Years 30 DaystoClose 35 CoOp Y
BuyerCostPaidBySeller:Points .000% ClosingCost \$ 1350 Repair/ActualPaid \$ 0
DATA NOT VERIFIED/GUARANTEED BY MLS - Obtain signed HAR Broker Notice To Buyer
form. Asterisk flags tax data from third party and County Appraisal Districts.