



RESIDENTIAL DWELLING/OTHER STRUCTURE FOR LAND PROPERTY WORKSHEET



The representations contained in this worksheet are made by the owner and are not the representations of the owner's agent or subagent. The worksheet is not a warranty or a guarantee of any kind by the owner or by any agent or subagent representing the owner of the property. This statement is not a substitute for any inspection. Potential purchasers are encouraged to obtain their own professional inspection and should not rely upon the information contained in this worksheet.

Please PRINT clearly in all blanks.

MLS # _____

Listing Address: _____

Unit/Suite # _____

Listing Agent Name: _____

Listing Agent E-mail: _____

Listing Agent Phone #: _____

Extension: _____

Listing Brokerage: _____

Listing Brokerage Phone #: _____

Extension: _____

RESIDENTIAL DWELLING ON PROPERTY INCLUDES THESE FEATURES. *Please Check ALL that Apply.*

Style			Notes
1	<input type="checkbox"/>	1 Story	
2	<input type="checkbox"/>	2 Story	
3	<input type="checkbox"/>	2 ½ Story	
4	<input type="checkbox"/>	3 Story	
5	<input type="checkbox"/>	Bi-Level	
6	<input type="checkbox"/>	Cape Cod / 1.5 Story	
7	<input type="checkbox"/>	Split – 3 Level	
8	<input type="checkbox"/>	Split – 4 Level	
9	<input type="checkbox"/>	Split – 5 Level +	
10	<input type="checkbox"/>	Other Structure – Please Describe	
Year Built			
11	<input type="checkbox"/>		
Bedroom Total			
12	<input type="checkbox"/>		
Full Baths Total			
13	<input type="checkbox"/>		
Half Baths Total			
14	<input type="checkbox"/>		
Parking Type (1 to 22 required)			
15	<input type="checkbox"/>	1 Car Garage	
16	<input type="checkbox"/>	2 Car Garage	
17	<input type="checkbox"/>	3 Car Garage	
18	<input type="checkbox"/>	4 Car Garage	
19	<input type="checkbox"/>	5 Car Garage\+	
20	<input type="checkbox"/>	Attached Garage	
21	<input type="checkbox"/>	1 Carport	
22	<input type="checkbox"/>	2 Carport	
23	<input type="checkbox"/>	3 Carport\+	
24	<input type="checkbox"/>	1 Off Street	

25	<input type="checkbox"/>	2 Off Street	
Parking Type (1 to 22 required – continued)			
26	<input type="checkbox"/>	Detached Garage	
27	<input type="checkbox"/>	Heated	
28	<input type="checkbox"/>	Opener	
29	<input type="checkbox"/>	Shared Driveway	
30	<input type="checkbox"/>	Side Load	
31	<input type="checkbox"/>	Tandem	
32	<input type="checkbox"/>	On Street	
33	<input type="checkbox"/>	Assigned	
34	<input type="checkbox"/>	Lift	
35	<input type="checkbox"/>	Common Area	
36	<input type="checkbox"/>	Farm Building	
Basement Y/N			
37	<input type="checkbox"/>	Yes	
38	<input type="checkbox"/>	No	
Alternate Uses			
39	<input type="checkbox"/>	Bed & Breakfast	
40	<input type="checkbox"/>	Business Op	
41	<input type="checkbox"/>	Commercial	
42	<input type="checkbox"/>	Farm	
43	<input type="checkbox"/>	Industrial	
44	<input type="checkbox"/>	Multi-Family	
45	<input type="checkbox"/>	Office	
46	<input type="checkbox"/>	Rooming House	
47	<input type="checkbox"/>	Additional Notes	

Signature of Owner(s)

Date: _____

Signatures of Agent & Broker

Agent _____

Broker _____

Date: _____