APARTMENT BUILDING QUESTIONNAIRE

Client Name:

Building Location:
Building Value:
Construction Type:
Year Built:
Year of Building Updates (if any):
Wiring:
Plumbing:
Roofing:
Heating:
Total Area of Building:
No. of Units:
No. of Stories:
No. of Balconies/Decks: Area (Sq.Ft.) Each:
No. of Fireplaces:
No. of Elevators:
Basement:
Garage: Yes/No
Building Sprinklered?
Type of Alarm System: Burglar/Fire; Local Gong/Central Alarm
Smoke Alarm: Battery / Hard-wired
Annual Rent Amount:
Right Exposure of building:
Left Exposure of building:
Rear Exposure of building:
Other: Was building originally intended for apartments?
Notes:

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