



Roll Number:

Residential Request for Information

Mailing Address:

Property Address:

Daytime Phone Number: _____ - _____ - _____

Email Address: _____

Name of person completing this survey: _____

EXTERIOR

1. Describe the roofing material:

- Asphalt shingle roof
- Shake roof
- Clay tile roof
- Metal roof
- Other _____

2. Which of the following does the property have?

- | | | |
|---|------------|-------------|
| <input type="checkbox"/> No deck or patio | Dimensions | Size (sqft) |
| <input type="checkbox"/> Open (uncovered) deck / patio | _____ | _____ |
| <input type="checkbox"/> Covered deck | _____ | _____ |
| <input type="checkbox"/> Enclosed deck / Sunroom | _____ | _____ |
| <input type="checkbox"/> Stone / brick / concrete patio | _____ | _____ |
| <input type="checkbox"/> Solarium | _____ | _____ |
| <input type="checkbox"/> Balcony | _____ | _____ |

INTERIOR

3. Indicate the type(s) of heating.

- Forced Air
- Hot Water
- Solar
- Geo Thermal
- Other _____

4. Does your home contain any of the following?

- Central air conditioning
- Sauna
- Secondary suite
- Walk out basement
- Indoor hot tub
- Outdoor hot tub
- Solar panels
- 10 foot or higher ceilings
- Ceiling features (ex. tray, coffered, wood beams)
- Feature wall (ex: floor to ceiling stonework, tile or wood)
- Granite, quartz or similar countertops

- In-floor heating in basement
- In-floor heating in bathrooms
- Garage utility sink
- Garage 2pc bath
- Other _____

5. Indicate the number and type of fireplace(s) on each level:

	Main	Upper	Bsmt/Lower
Natural gas fireplace (built-in)			
Wood or pellet fireplace (built-in)			
Electric fireplace (built-in)			
Freestanding or woodstove			

6. Indicate the number of bedrooms:

Bedrooms # _____

7. Indicate number of plumbing fixtures:

Description	Main Floor #	Upper Floor #	Bsmt/Lower #
2pc bath (sink & toilet)			
3pc bath (sink, toilet, tub or shower)			
4pc bath (sink, toilet, tub, separate shower stall)			
Double Sink			
Bar Sink			
Laundry Sink			
Kitchen Sink			
Whirlpool			
Additional (ex: separate shower stall)			

8. Describe the flooring materials (excluding the basement):

Flooring Type	Approx. % of Coverage
Carpet	
Linoleum	
Hardwood	
Ceramic Stone / Tile	
Laminate	
Other _____	
Total = 100%	

9. Is the basement finished?

- Yes No

10. If yes, please indicate the approximate square footage of finished basement area (or percentage of finished area):

Square Footage or Percentage
Area of Finished Basement _____

11. For each category, if renovated, indicate the year renovated. Add comments for further clarification.

Category	Year Reno'd	% Reno'd	Additional Comments
Roof covering			
Soffits and eavestrough			
Windows			
Exterior Doors			
Exterior finish			
Interior finish (<i>ex: drywall</i>)			
Interior paint			
Interior Doors			
Kitchen cabinets			
Baseboards/trim			
Flooring			
Electrical upgrades (<i>ex: fixtures, panel/wiring</i>)			
Bathrooms			
Hot water tank			
Furnace/boiler			

15. All the information provided is true and accurate to the best of my knowledge.

Signature _____ Date _____