

Assessment Check List

Parcel ID#	Damage Address	City	Zip Code																		
EF-144-AQ	65 Culross Dr.	Rocky Point	11778																		
Provide Site Signage	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>		Yes	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>															
Yes	No																				
<input type="checkbox"/>	<input checked="" type="checkbox"/>																				
Maintain Landscaping	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>Current condition</td> <td>Normal</td> <td>High</td> <td>Good</td> <td>Bad</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Yes	No	Current condition	Normal	High	Good	Bad	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	Current condition	Normal	High	Good	Bad															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Clean Out Debris	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>Hand</td> <td>Yes</td> <td>No</td> <td>Machine</td> <td>Yes</td> <td>No</td> <td>Both</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Yes	No	Hand	Yes	No	Machine	Yes	No	Both	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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Install Fencing	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>															
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Board Up Doors/Windows	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>Front</td> <td>Left</td> <td>Rear</td> <td>Right</td> <td>All</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>		Yes	No	Front	Left	Rear	Right	All	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Yes	No	Front	Left	Rear	Right	All															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>															
Verify Status of Utilities	<table border="1"> <tr> <td>Gas</td> <td>On</td> <td>Off</td> <td>Electric</td> <td>On</td> <td>Off</td> <td>Oil</td> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>		Gas	On	Off	Electric	On	Off	Oil	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Gas	On	Off	Electric	On	Off	Oil	Yes	No													
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Miscellaneous Site Work	<table border="1"> <tr> <td>Notes:</td> <td colspan="3">No</td> </tr> <tr> <td colspan="4" style="background-color: #cccccc;"></td> </tr> </table>			Notes:	No																
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Remove Standing Water	<table border="1"> <tr> <td>Standing Water</td> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>		Standing Water	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>													
Standing Water	Yes	No																			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																			
Drainage Issues	<table border="1"> <tr> <td>Drainage Issues</td> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>		Drainage Issues	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>													
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Pest/Vermin Control	<table border="1"> <tr> <td>Roaches</td> <td>Bats</td> <td>Rats</td> <td>Other: Explain</td> </tr> <tr> <td>NO</td> <td>NO</td> <td>NO</td> <td>NO</td> </tr> </table>		Roaches	Bats	Rats	Other: Explain	NO	NO	NO	NO											
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NO	NO	NO	NO																		
Structural Integrity	<table border="1"> <tr> <td>Good</td> <td>Bad</td> <td>Demolish</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>		Good	Bad	Demolish	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>													
Good	Bad	Demolish																			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																			
Habitual with Minor Clean up	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>		Yes	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>															
Yes	No																				
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Hazardous/ Environmental Material Abatement	<table border="1"> <tr> <td>Notes:</td> <td colspan="3">NO</td> </tr> <tr> <td colspan="4" style="background-color: #cccccc;"></td> </tr> </table>			Notes:	NO																
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Verify Status of Bulkheads	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>		Yes	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>															
Yes	No																				
<input type="checkbox"/>	<input checked="" type="checkbox"/>																				
Provide Security Personnel	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>		Yes	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>															
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Notes:	<table border="1"> <tr> <td colspan="4">No access to rear of site due to severe erosion of rear of lot. Landscaping needs to be maintained and large amounts of debris removed from site. Rear deck is extremely damaged due to severe erosion. No pest control noted. No gas or oil noted.</td> </tr> </table>			No access to rear of site due to severe erosion of rear of lot. Landscaping needs to be maintained and large amounts of debris removed from site. Rear deck is extremely damaged due to severe erosion. No pest control noted. No gas or oil noted.																	
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1 Front elevation
Date Taken: 7/19/2014
Taken By: Cham Benvenuti
View from street



2 Front elevation
Date Taken: 7/19/2014
Taken By: Cham Benvenuti



3 Street right
Date Taken: 7/19/2014
Taken By: Cham Benvenuti



4 Street left
Date Taken: 7/19/2014
Taken By: Cham Benvenuti



5 Address
Date Taken: 7/19/2014
Taken By: Cham Benvenuti



6 Signage
Date Taken: 7/19/2014
Taken By: Cham Benvenuti



7 Front yard
Date Taken: 7/19/2014
Taken By: Cham Benvenuti



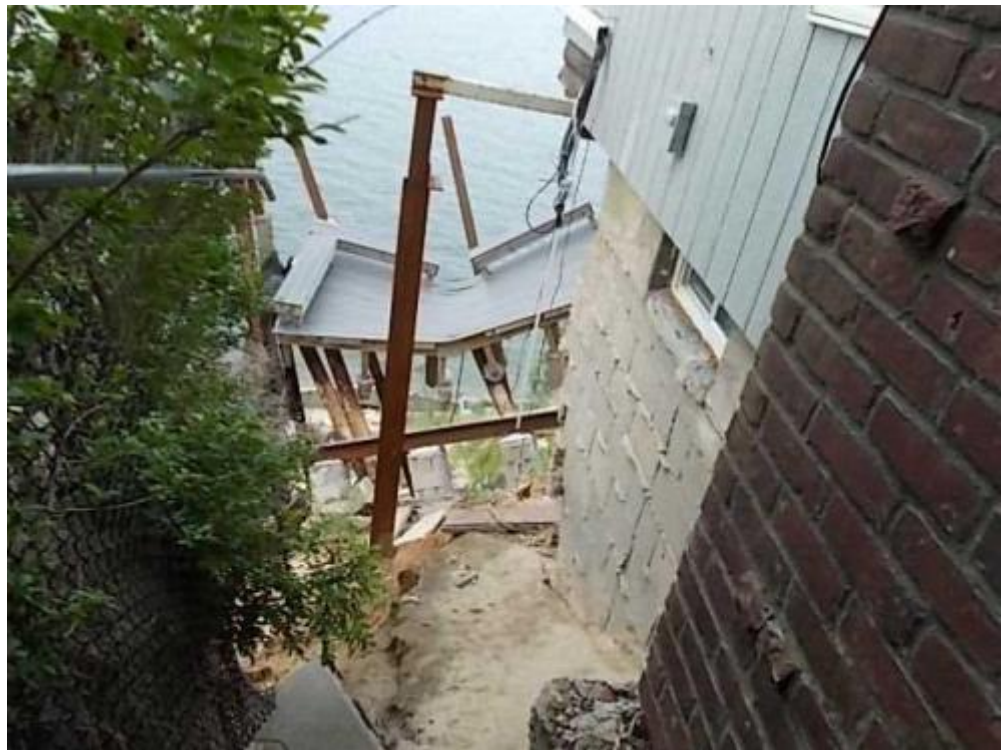
8 Left elevation
Date Taken: 7/19/2014
Taken By: Cham Benvenuti



9 Left side yard
Date Taken: 7/19/2014
Taken By: Cham Benvenuti



10 Left rear side
Date Taken: 7/19/2014
Taken By: Cham Benvenuti
Unable to access rear of property due
to severe erosion of cliffs



11 Left rear side
Date Taken: 7/19/2014
Taken By: Cham Benvenutti
Severe erosion



12 Left rear side
Date Taken: 7/19/2014
Taken By: Cham Benvenutti
Severe erosion



13 Right elevation
Date Taken: 7/19/2014
Taken By: Cham Benvenuti
Front



14 Right elevation
Date Taken: 7/19/2014
Taken By: Cham Benvenuti
Rear



15 Right side yard
Date Taken: 7/19/2014
Taken By: Cham Benvenuti



16 Right rear side
Date Taken: 7/19/2014
Taken By: Cham Benvenuti
Unable to access rear of property due to severe erosion of cliffs



17 Right rear side

Date Taken: 7/19/2014

Taken By: Cham Benvenuti

Unable to access rear of property due to severe erosion of cliffs



18 Right rear side

Date Taken: 7/19/2014

Taken By: Cham Benvenuti

Unable to access rear of property due to severe erosion of cliffs



19 Detached garage
Date Taken: 7/19/2014
Taken By: Cham Benvenuti



20 Detached garage
Date Taken: 7/19/2014
Taken By: Cham Benvenuti
Firewood on left side



21 Gas
Date Taken: 7/19/2014
Taken By: Cham Benvenuti
Connected



22 Electricity
Date Taken: 7/19/2014
Taken By: Cham Benvenuti
Disconnected

