

Assessment Check List

Parcel ID#	Damage Address	City	Zip Code																		
OBBO-035	100 Fox Ln	Staton Island, NY.	10306																		
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 type="checkbox"/></td> <td><input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/></td> <td><input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
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"/>														
Yes	No																				
<input checked="" type="checkbox"/>	<input type="checkbox"/>																				
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 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 type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			Yes	No	Front	Left	Rear	Right	All	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Yes	No	Front	Left	Rear	Right	All															
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/></td> </tr> </table>			Gas	On	Off	Electric	On	Off	Oil	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gas	On	Off	Electric	On	Off	Oil	Yes	No													
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>													
Miscellaneous Site Work	<table border="1"> <tr> <td>Notes:</td> <td colspan="3">Site has small debris and a large detached structure in poor shape. Fencing was torn down.</td> </tr> <tr> <td colspan="4" style="background-color: #cccccc;"></td> </tr> </table>			Notes:	Site has small debris and a large detached structure in poor shape. Fencing was torn down.																
Notes:	Site has small debris and a large detached structure in poor shape. Fencing was torn down.																				
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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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																			
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										
Roaches	Bats	Rats	Other: Explain																		
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																				
<input type="checkbox"/>	<input checked="" type="checkbox"/>																				
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																
Notes:	NO																				
Verify Status of Bulkheads	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> N/A			Yes	No	<input type="checkbox"/>	<input type="checkbox"/>														
Yes	No																				
<input type="checkbox"/>	<input 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"/>														
Yes	No																				
<input type="checkbox"/>	<input checked="" type="checkbox"/>																				
Notes:	<table border="1"> <tr> <td colspan="4">House is scheduled for demolition. No pest control was visible and no pest were seen on site.</td> </tr> <tr> <td colspan="4" style="background-color: #cccccc;"></td> </tr> </table>			House is scheduled for demolition. No pest control was visible and no pest were seen on site.																	
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1 front elevation
Date Taken: 7/19/2014
Taken By: Brook Benvenuti



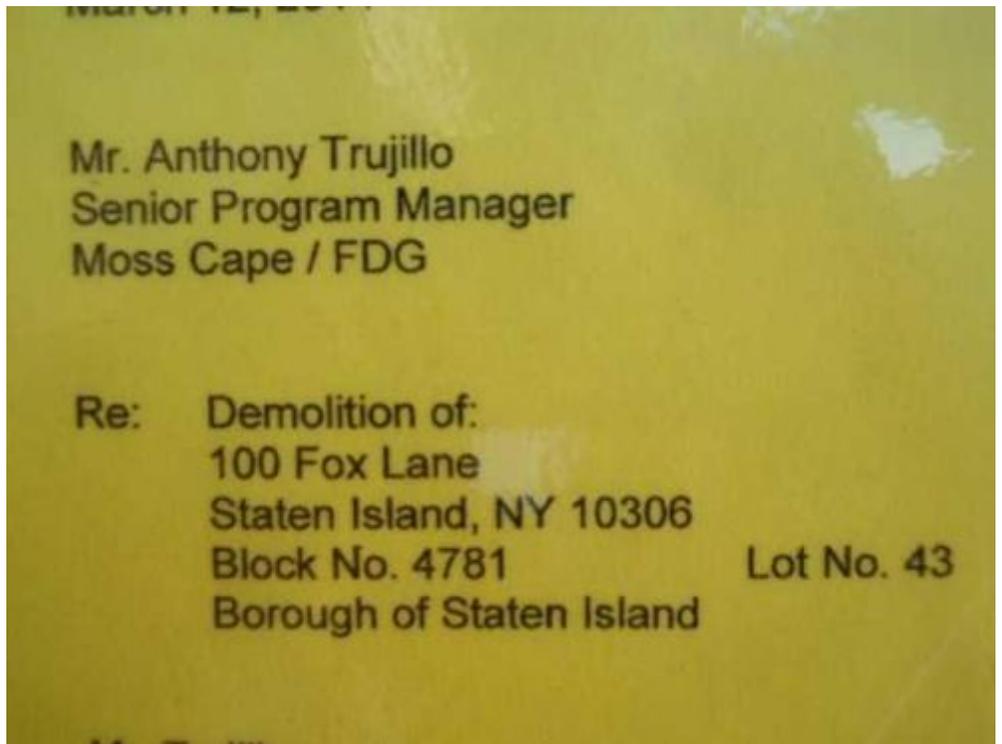
2 street right
Date Taken: 7/19/2014
Taken By: Brook Benvenuti



3 street left
Date Taken: 7/19/2014
Taken By: Brook Benvenuti



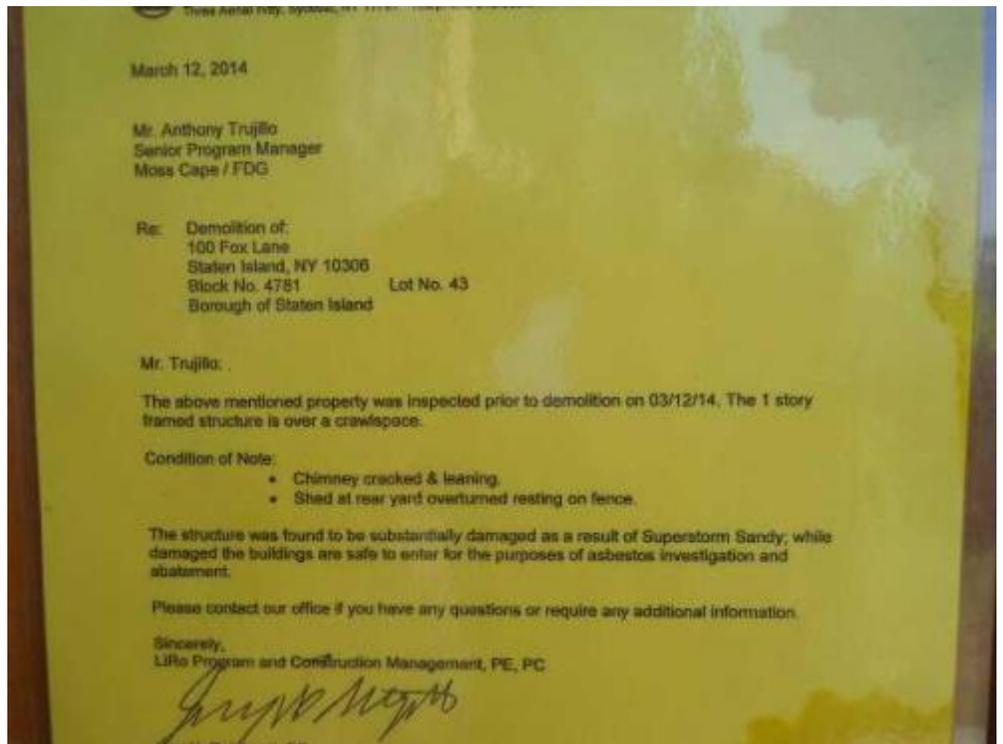
4 address
Date Taken: 7/19/2014
Taken By: Brook Benvenuti



5 sign on front door
Date Taken: 7/19/2014
Taken By: Brook Benvenuti



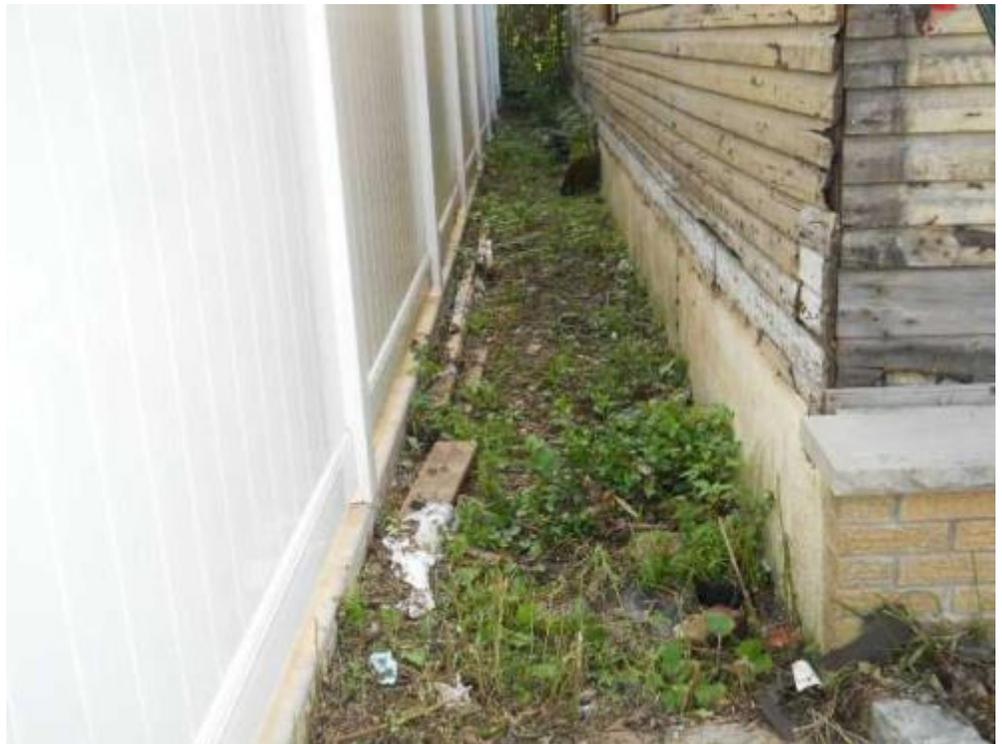
6 demolition notice
Date Taken: 7/19/2014
Taken By: Brook Benvenuti



7 front yard
Date Taken: 7/19/2014
Taken By: Brook Benvenuti



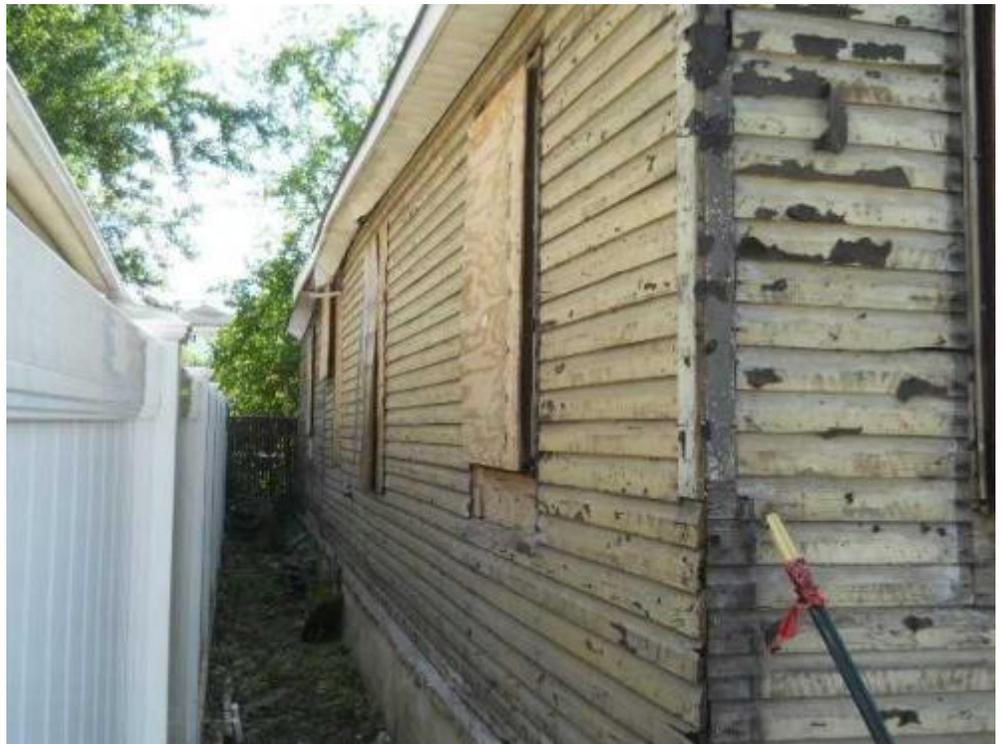
8 side yard
Date Taken: 7/19/2014
Taken By: Brook Benvenuti



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



10 left elevation
Date Taken: 7/19/2014
Taken By: Brook Benvenuti



11 left elevation
Date Taken: 7/19/2014
Taken By: Brook Benvenuti



12 right elevation
Date Taken: 7/19/2014
Taken By: Brook Benvenuti



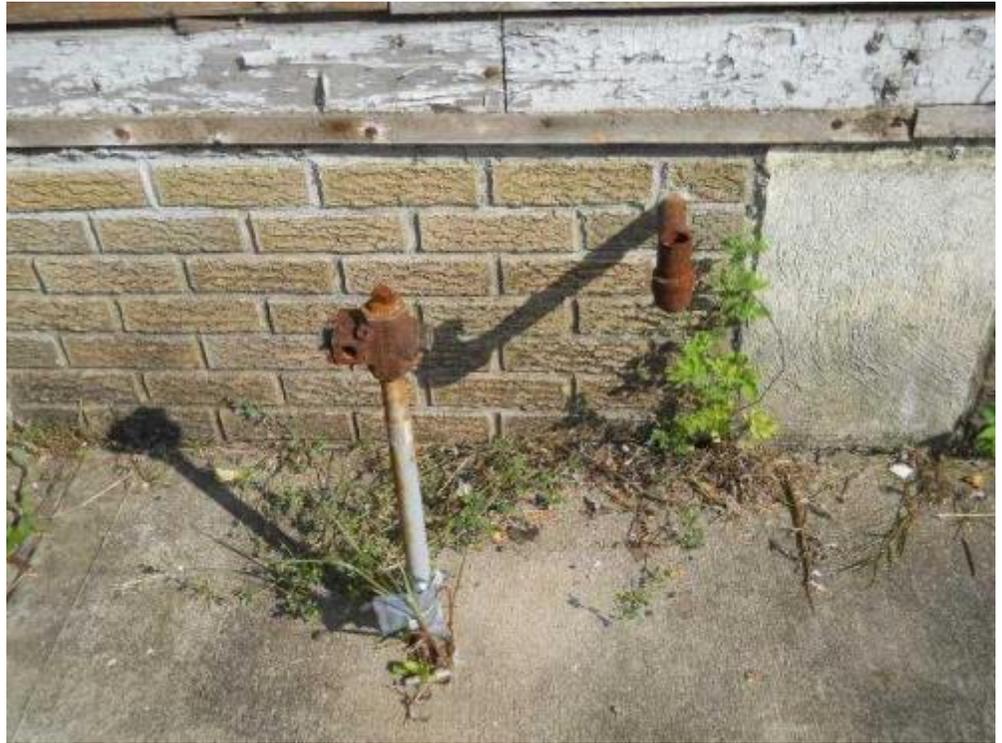
13 right elevation
Date Taken: 7/19/2014
Taken By: Brook Benvenuti



14 detached structure
Date Taken: 7/19/2014
Taken By: Brook Benvenuti



15 utilities
Date Taken: 7/19/2014
Taken By: Brook Benvenuti



16 utilities
Date Taken: 7/19/2014
Taken By: Brook Benvenuti

