

Assessment Check List

Parcel ID#	Damage Address	City	Zip Code																		
OBBO-114	641 Cedar Grove Ave.	Staten Island	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 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 checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" 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 checked="" type="checkbox"/>	
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Install Fencing	<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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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													
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Miscellaneous Site Work	<table border="1"> <tr> <td>Notes:</td> <td colspan="3">Remove barriers from street on right side. Fill holes in front and right of property.</td> </tr> <tr> <td colspan="4" style="background-color: #cccccc;"></td> </tr> </table>			Notes:	Remove barriers from street on right side. Fill holes in front and right of property.																
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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"/>													
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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 checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Good	Bad	Demolish	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
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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"/>															
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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 type="checkbox"/></td> </tr> </table>		Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	N/A														
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"/>															
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1 Front
Date Taken: 7/14/2014
Taken By: Cham Benvenuti



2 Street right
Date Taken: 7/14/2014
Taken By: Cham Benvenuti



- 3 Street left
Date Taken: 7/14/2014
Taken By: Cham Benvenuti



- 4 Address
Date Taken: 7/14/2014
Taken By: Cham Benvenuti



5 Front yard
Date Taken: 7/14/2014
Taken By: Cham Benvenutti



6 Front yard
Date Taken: 7/14/2014
Taken By: Cham Benvenutti
Hole in yard



7 Utilities
Date Taken: 7/14/2014
Taken By: Cham Benvenuti
Disconnected



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



9 Right side yard
Date Taken: 7/14/2014
Taken By: Cham Benvenuti



10 Right side yard
Date Taken: 7/14/2014
Taken By: Cham Benvenuti
Hole in yard and debris



11 Right side
Date Taken: 7/14/2014
Taken By: Cham Benvenuti
Barriers in street



12 Back elevation
Date Taken: 7/14/2014
Taken By: Cham Benvenuti



13 Back yard
Date Taken: 7/14/2014
Taken By: Cham Benvenutti



14 Back yard
Date Taken: 7/14/2014
Taken By: Cham Benvenutti
Debris needs to be removed



15 Left side deck
Date Taken: 7/14/2014
Taken By: Cham Benvenuti



16 Left side deck
Date Taken: 7/14/2014
Taken By: Cham Benvenuti
Debris and trash



17 Left elevation
Date Taken: 7/14/2014
Taken By: Cham Benvenuti



18 Left side yard
Date Taken: 7/14/2014
Taken By: Cham Benvenuti



19 Detached structure
Date Taken: 7/14/2014
Taken By: Cham Benvenuti
Detached structure on property

