

Assessment Check List

Parcel ID#	Damage Address	City	Zip Code																		
OBBO-320	151 Dugdale St.	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 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> <td><input type="checkbox"/></td> </tr> </table>			Yes	No	Hand	Yes	No	Machine	Yes	No	Both	<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"/>	<input type="checkbox"/>
Yes	No	Hand	Yes	No	Machine	Yes	No	Both													
<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"/>	<input type="checkbox"/>													
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																				
<input type="checkbox"/>	<input checked="" 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">Tall weeds need to be maintained.</td> </tr> <tr> <td colspan="4" style="background-color: #cccccc;"></td> </tr> </table>			Notes:	Tall weeds need to be maintained.																
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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 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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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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"/>														
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Notes:	<table border="1"> <tr> <td colspan="4">The site has fencing. Landscaping needs to be maintained. Gas and electric meters have been removed. All windows are boarded up. Wood deck is in bad condition.</td> </tr> </table>			The site has fencing. Landscaping needs to be maintained. Gas and electric meters have been removed. All windows are boarded up. Wood deck is in bad condition.																	
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1 Front
Date Taken: 7/18/2014
Taken By: Cham Benvenuti



2 Street right
Date Taken: 7/18/2014
Taken By: Cham Benvenuti



- 3 Street left
Date Taken: 7/18/2014
Taken By: Cham Benvenuti



- 4 Address and signage
Date Taken: 7/18/2014
Taken By: Cham Benvenuti



5 Front yard
Date Taken: 7/18/2014
Taken By: Cham Benvenuti



6 Left elevation
Date Taken: 7/18/2014
Taken By: Cham Benvenuti



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



8 Rear elevation
Date Taken: 7/18/2014
Taken By: Cham Benvenuti



9 Back yard
Date Taken: 7/18/2014
Taken By: Cham Benvenuti



10 Rear deck
Date Taken: 7/18/2014
Taken By: Cham Benvenuti



11 Right elevation
Date Taken: 7/18/2014
Taken By: Cham Benvenuti



12 Right side yard
Date Taken: 7/18/2014
Taken By: Cham Benvenuti



13 Rear deck
Date Taken: 7/18/2014
Taken By: Cham Benvenutti
Poor condition but stable



14 Gas
Date Taken: 7/18/2014
Taken By: Cham Benvenutti
Disconnected



15 Electricity
Date Taken: 7/18/2014
Taken By: Cham Benvenuti
Disconnected

