

# Assessment Check List

Parcel ID#	Damage Address	City	Zip Code																		
SV-014	50 Terry St.	Sayville	11782																		
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"/>	
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"/>													
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 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 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> </tr> </table>		Gas	On	Off	Electric	On	Off	Oil	Yes	No	<input type="checkbox"/>	<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"/>	
Gas	On	Off	Electric	On	Off	Oil	Yes	No													
<input type="checkbox"/>	<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"/>													
Miscellaneous Site Work	<table border="1"> <tr> <td>Notes:</td> <td>No</td> </tr> <tr> <td colspan="2" style="background-color: #cccccc;"> </td> </tr> </table>			Notes:	No																
Notes:	No																				
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"/>													
Drainage Issues	Yes	No																			
<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 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"/>													
Good	Bad	Demolish																			
<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																				
<input type="checkbox"/>	<input checked="" type="checkbox"/>																				
Hazardous/ Environmental Material Abatement	<table border="1"> <tr> <td>Notes:</td> <td>NO</td> </tr> <tr> <td colspan="2" 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 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"/>																				
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:	<div style="border: 1px solid black; padding: 5px;">                     Landscaping needs to be maintained and debris removed from site. Wood deck is in fair condition. No pest control noted. Above ground pool and 2 detached structures in rear.                 </div>																				

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



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



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



- 4 Front signage  
Date Taken: 7/19/2014  
Taken By: Cham Benvenuti





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



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



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



8 Rear elevation  
Date Taken: 7/19/2014  
Taken By: Cham Benvenutti





9 Back yard  
Date Taken: 7/19/2014  
Taken By: Cham Benvenutti



10 Back yard  
Date Taken: 7/19/2014  
Taken By: Cham Benvenutti  
Above ground pool and deck



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



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





13 Detached structure  
Date Taken: 7/19/2014  
Taken By: Cham Benvenuti  
Garage



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

