

SDE Residential Worksheet

Inspector Name _____

Inspection # _____

Photo # _____

Date _____

PROPERTY LOCATION

Latitude: _____

Longitude: _____

Street Address _____

City, State, Zip _____

County _____

STRUCTURE ATTRIBUTES

- Residence Type:**
- Single Family Residence
 - Town or Row House
 - Manufactured House

- Foundation:**
- Continuous Wall w/Slab
 - Basement
 - Crawlspace
 - Piles
 - Slab-on-Grade
 - Piers & Posts

- Superstructure:**
- Stud-Framed
 - Common Brick
 - ICF
 - Masonry

- Roof Covering:**
- Shingles – Asphalt, Wood
 - Clay Tile
 - Standing Seam (Metal)
 - Slate

- Exterior Finish:**
- Siding or Stucco
 - Brick Veneer
 - EIFS
 - None – common brick, structural

- HVAC System:**
- Heating and/or Cooling
 - None

- Story:**
- One Story
 - Two or more Stories

- Quality:**
- Low
 - Budget
 - Average
 - Good
 - Excellent

Year of Construction: _____

Date Damage Occurred: ___/___/___

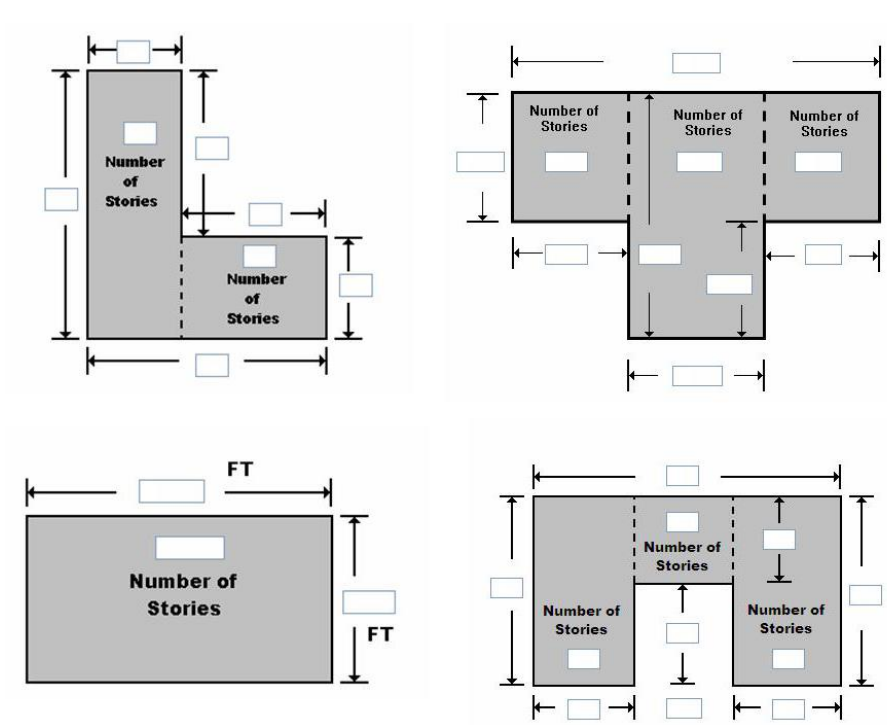
- Cause of Damage:**
- Fire
 - Flood
 - Flood and Wind
 - Seismic
 - Wind
 - Other

Duration of Flood: _____ Hours
 Days

Depth of Flood Above Ground: _____

Depth of Flood Above 1st Floor: _____

DIAGRAM w/ MEASUREMENTS and NUMBER OF STORIES:



ELEMENT PERCENTAGES

Foundation _____%

Superstructure _____%

Roof Covering _____%

Exterior Finish _____%

Interior Finish _____%

Doors and Windows _____%

Cabinets & Countertops _____%

Floor Finish _____%

Plumbing _____%

Electrical _____%

Appliances _____%

HVAC _____%

MISC NOTES: