

PRE-CONSTRUCTION PROPERTY CONDITION SURVEY FORM

Survey Date: _____ Building No: _____ Unit No: _____

Owner: _____ Phone No: _____ Inspector: _____

Items to be Removed by Unit Owner

Existing Conditions

Screen Enclosure: _____

Door/Window Screens: _____

Garden Trellis: _____

Patio Deck: _____

Utility Sheds: _____

Utility Sheds: _____

Fence: _____

Fence/Gate: _____

Trees: _____

Balcony Railings: _____

Bushes: _____

Building Walls: _____

Planted Plants: _____

Soffits Damaged: _____

Potted Plants: _____

Soffit Screens: _____

Spa: _____

AC Condenser: _____

Patio Tables: _____

Light Fixtures: _____

Patio Chairs: _____

Balcony Sidewalls: _____

Barbeque Grill: _____

Painted Surfaces: _____

Toys: _____

Other: _____

Clothesline: _____

Other: _____

Exercise Equipment: _____

Other: _____

Other: _____

Signatures

Broken Items: _____

Property Mgr. / Authorized Representative

Missing Items: _____

Signature

Comments: _____

Date
