SDE Non-Residential Worksheet

Community Identification Number (CID) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inspector Name \_\_\_\_\_\_\_\_\_\_\_\_\_

Team # \_\_\_\_\_\_\_\_\_\_\_\_ Photo # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Latitude: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Longitude: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Story:** ⃝ One ⃝ Two thru Four ⃝ Five or more

**Structure Use:** ⃝ Apartments ⃝ Auditorium ⃝ Commercial Retail ⃝ Convenience Store ⃝ Courthouse ⃝ Dept. Store ⃝ Elementary School ⃝ Fast Food Restaurant

 ⃝ Fire/Police Station ⃝ High School ⃝ Hospital ⃝ Hotel ⃝ House of Worship

 ⃝ Industrial ⃝ Long-Term Care Facility ⃝ Mini-Warehouse ⃝ Motel ⃝ Municipal Building ⃝ Office Building ⃝ Restaurants ⃝ Strip Mall ⃝ Other

Specify Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cause of Damage:**

 ⃝ Fire Duration of Flood: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ⃝ Flood ⃝Days

 ⃝ Flood and Wind ⃝Hours

 ⃝ Wind

 ⃝ Other

 ⃝ No Damage Depth of Flood Above Ground: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Depth of Flood Above 1st Floor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sprinkler System:** ⃝ Yes ⃝ No

**Conveyance (Elevator/Escalator):**  ⃝ Yes ⃝ No

**Quality:** ⃝ Low ⃝ Good ⃝ Average ⃝ Budget ⃝ Excellent

Year of Construction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Damage Occurred: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

DIAGRAM w/ MEASUREMENTS and NUMBER OF STORIES:

ELEMENT PERCENTAGES

Foundation\_\_\_\_\_% Electrical\_\_\_\_\_%

Superstructure\_\_\_\_% Interiors\_\_\_\_\_%

Roof Covering\_\_\_\_% HVAC\_\_\_\_\_%

Plumbing\_\_\_\_\_%

MISC NOTES: