

Yes	No	NR
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13. Commercial or industrial noxious fumes, odors, noises, etc. on or near Property.....
 If yes, please describe: _____

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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B. Legal/Land Use Aspects

1. Current or past title insurance policy or title search.....
 2. Copy of deed(s) for property.....
 3. Government administered programs or allotments.....
 4. Rollback or other tax deferral recaptures upon sale.....
 5. Litigation or estate proceeding affecting ownership or boundaries.....
 6. Notices from governmental or quasi-governmental authorities related to the property..
 7. Private use restrictions or conditions, protective covenants, or HOA.....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input 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"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If yes, please describe: _____
 8. Recent work by persons entitled to file lien claims.....
 If yes, have all such persons been paid in full
 If not paid in full, provide lien agent name and project number: _____

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

9. Jurisdictional government land use authority:
 County: _____ City: _____

10. Current zoning: _____

11. Fees or leases for use of any system or item on property

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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12. Location within a government designated disaster evacuation zone (e.g.,
 hurricane, nuclear facility, hazardous chemical facility, hazardous waste facility).....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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13. Access (legal and physical) other than by direct frontage on a public road
 Access via easement.....
 Access via private road

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If yes, is there a private road maintenance agreement? yes no
 14. Solar panel(s), windmill(s), cell tower(s).....
 If yes, please describe: _____

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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C. Survey/Boundary Aspects

1. Current or past survey/plat or topographic drawing available.....
 2. Approximate acreage: _____
 3. Wooded Acreage _____; Cleared Acreage _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. Encroachments.....
 5. Public or private use paths or roadways rights of way/easement(s).....
 Financial or maintenance obligations related to same

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

6. Communication, power, or other utility rights of way/easements

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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7. Railroad or other transportation rights of way/easements.....

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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8. Conservation easement

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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9. Property Setbacks.....
 If yes, describe: _____

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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10. Riparian Buffers (i.e., stream buffers, conservation districts, etc.).....
 11. Septic Easements and Repair Fields

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. Any Proposed Easements Affecting Property.....
 13. Beach Access Easement, Boat Access Easement, Docking Permitted.....
 If yes, please describe: _____

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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D. Agricultural, Timber, Mineral Aspects

	Yes	No	NR
1. Agricultural Status (e.g., forestry deferral)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Licenses, leases, allotments, or usage permits (crops, hunting, water, timber, etc.)..... If yes, describe in detail: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Forfeiture, severance, or transfer of rights (mineral, oil, gas, timber, development, etc.) If yes, describe in detail: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Farming on Property: <input type="checkbox"/> owner or <input type="checkbox"/> tenant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Presence of vegetative disease or insect infestation.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Timber cruises or other timber related reports.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Timber harvest within past 25 years	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, monitored by Registered Forester?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If replanted, what species: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Years planted: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Harvest impact (other than timber)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, describe in detail: _____			

E. Environmental Aspects

1. Current or past Phase I, Phase II or Phase III Environmental Site Assessment(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Underground or above ground storage tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, describe in detail: _____			
3. Abandoned or junk motor vehicles or equipment of any kind.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Past illegal uses of property (e.g., methamphetamine manufacture or use).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Federal or State listed or protected species present.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, describe plants and/or animals: _____			
6. Government sponsored clean-up of the property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Groundwater, surface water, or well water contamination <input type="checkbox"/> Current <input type="checkbox"/> Previous ...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Previous commercial or industrial uses.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Wetlands, streams, or other water features	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Permits or certifications related to Wetlands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conservation/stream restoration.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Coastal concern (tidal waters, unbuildable land, flood zone, CAMA, Army Corp., etc.) If yes, describe in detail: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The use or presence on the property, either stored or buried, above or below ground, of:			
i. Asbestos, Benzene, Methane, Pesticides, Radioactive Material	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, describe in detail: _____			
ii. Other fuel/chemical.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iii. Paint <input type="checkbox"/> Lead based paint <input type="checkbox"/> Other paint/solvents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iv. Agricultural chemical storage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

F. Utilities

Check all currently available on the Property and indicate the provider.

Water (describe): _____

Sewer (describe): _____

Gas (describe): _____

Electricity (describe): _____

Cable (describe): _____

