



Keystone Appraisals Inc.

Real Estate Valuation and Consulting Services

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NEW CONSTRUCTION Builder's / Owner's New Construction Certification

EXTERIOR

Siding: (check all that apply) Vinyl Wood Solid Brick Brick Veneer Hardi Plank

Cultured Stone Other: _____

Roofing: _____

Decks / Patios: (only those intended to be completed at time of construction)

Ground level: Floor finish _____ Railing Type _____

Ground level: Floor finish _____ Railing Type _____

Upper level: Floor finish _____ Railing Type _____

Upper level: Floor finish _____ Railing Type _____

Walks: (only those intended to be completed at time of construction)

Dimensions: _____ Surface: Concrete Other: _____

Dimensions: _____ Surface: Concrete Other: _____

Driveways: (only those intended to be completed at time of construction)

Dimensions: _____ Surface: Concrete Exposed Aggregate Stamped

Asphalt Brick Pavers Other: _____

Landscaping: (only that intended to be completed at time of construction)

Other Site Improvements: (only those intended to be completed at time of construction)

Utilities: Hydro to Lot Line (if not, what is the power source for the home?) _____

Municipal Water (if not, what is the water source for the home?) _____

Municipal Sewer (if not, what is the septic system for the home?) _____

Other: _____

INTERIOR

Heating type: Baseboard Forced-air Heat Pump In-floor electric in-floor Hydronic
Other: _____

Fuel Type: Electric Oil Propane Natural Gas Other: _____

Hot water Heater Capacity: _____

Fuel Type: Electric Oil Propane Natural Gas Other: _____

Electric Service: Amps _____

Insulation Type: _____

Window Type: Sash: Vinyl Aluminum Wood Other: _____

Glazing: Single Double Other: _____

Fireplace(s): Type _____ Location: _____

Type _____ Location: _____

Woodstove(s): Type _____ Location: _____

Type _____ Location: _____

Wall Finishes: (Specify type and location)

Floor Finishes: (Specify type and location)

Ceiling Finishes: (Specify type and location)

Built-in Appliances: dishwasher vacuum oven range microwave
garb. disposal trash compactor utility sink intercom security system
garage door opener(s) (number) _____ lawn sprinklers Other: _____

Bathroom fixtures (if not noted on floor plans)

Fixtures: _____ Location: _____

Fixtures: _____ Location: _____

Fixtures: _____ Location: _____

Fixtures: _____ Location: _____

Other: _____

Basement Finish: Detail degree of finish if any. Include descriptions of rooms to be completed:

Other Comments

SITE

Street Address: _____

Legal Description: _____

Date of Purchase: _____ Purchase Price: _____

TOTAL CONSTRUCTION COSTS (Include all hard and soft costs if known.)

Please attach copies of contractor, builder, and supplier quotes if available.

Contractor: _____ Phone: _____

APPLICANT INFORMATION

Applicant name(s): _____

Phone: _____ Fax: _____ Email: _____

Signature(s) _____

Signature(s) _____