

Non-Residential

SDE DAMAGE INSPECTION WORKSHEET

Address: _____

SDE ADDRESS Tab

Subdivision / Community Information

Subdivision: _____ Parcel Number: _____

Lot Number: _____ Elevation of Lowest Floor: _____ Datum: _____

Community Information

NFIP Community ID: _____ NFIP Community Name: _____

Latitude: _____ Longitude: _____

Building Address

Owner First Name: _____

Owner Last Name: _____

Street Number: _____ Street Name: _____ Street Suffix: _____

City: _____ State: _____

County/Parish: _____ Zip: _____

Phone: _____ Cell Phone: _____

Mailing Address

Check here if same as building address: _____

First Name: _____

Last Name: _____

Street Number: _____ Street Name: _____ Street Suffix: _____

City: _____ State: _____

County/Parish: _____ Zip: _____

Phone: _____ Cell Phone: _____

SDE STRUCTURE / DAMAGE / NFIP INFO Tab

Structure Attributes / Information

Year of Construction: _____ Number of Stories: ___ 1 Story ___ 2 to 4 ___ 5 or more

Structure Use: _____

Sprinkler System: ___ Yes ___ No Conveyance: ___ Yes ___ No

Quality of Initial Construction: ___ Low ___ Budget ___ Average ___ Good ___ Excellent

Structure Information (if needed): _____

Inspector / Damage Information

Inspector's Name: _____

Inspector's Phone: _____

Date of Inspection (mm/dd/yyyy): _____

Date Damage Occurred (mm/dd/yyyy): _____

Cause of Damage: ___ Fire ___ Flood ___ Flood and Wind ___ Seismic ___ Wind ___ Other

Cause of Damage (if 'Other' is selected): _____

Damage Undetermined: _____ (check here and check the reason below):

___ No Physical Damage Sustained ___ Vacant / Property ___ Resident Refused Inspection

___ Address Does Not Exist ___ Other (Explain)

Duration of Flood: _____ Hours _____ Days

Depth of Flood Above Ground (estimated to nearest 0.5 foot): _____

Depth of Flood Above Lowest Floor (estimated to nearest 0.5 foot): _____

SDE STRUCTURE / DAMAGE / NFIP INFO Tab

NFIP / Community Information:

FIRM Panel Number: _____ Suffix: _____ Date of FIRM Panel (mm/dd/yyyy): _____

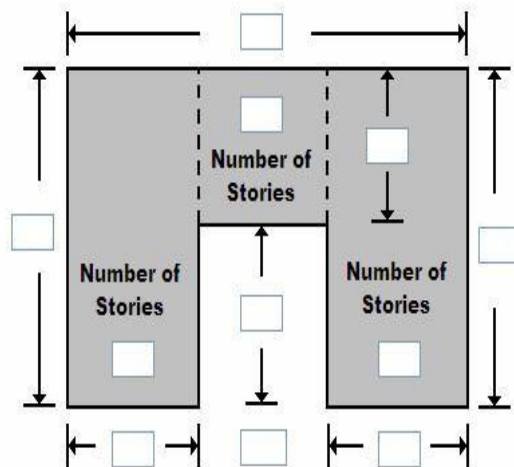
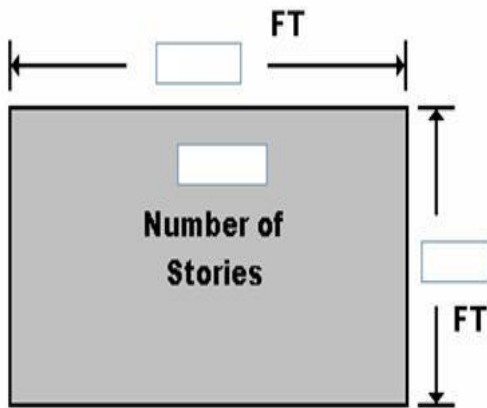
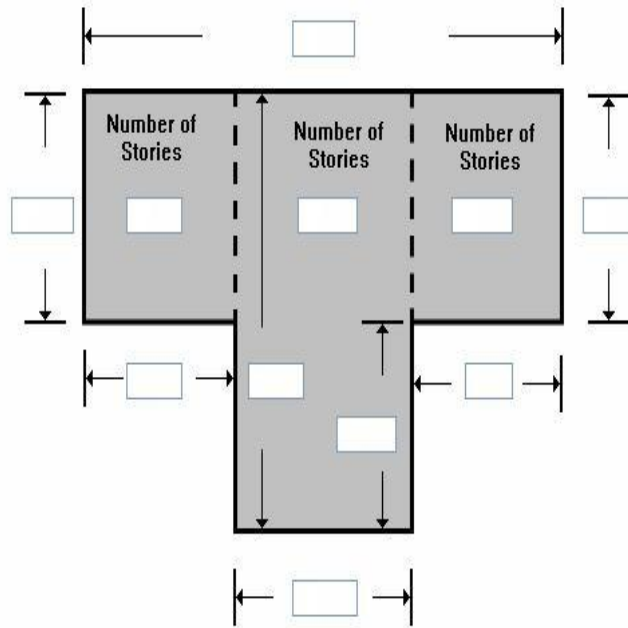
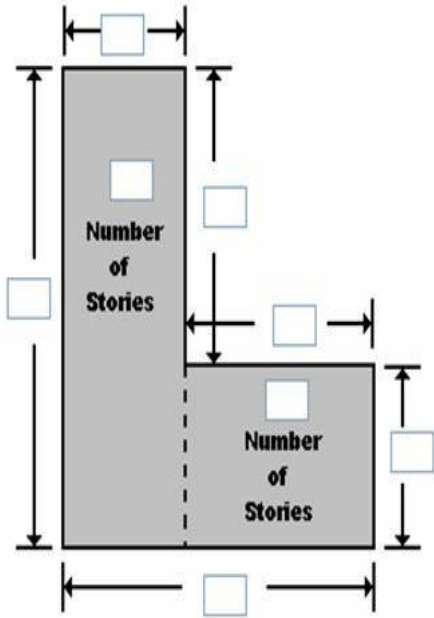
FIRM Zone: _____ Base Flood Elevation: _____

Regulatory Floodway: ___ Yes ___ No ___ Possible

Community Information (if needed): _____

COST Tab

Select appropriate diagram of structure footprint and enter structure dimensions and the number of stories:



COST Tab

Square Footage

Base Cost per Sq Ft.: _____ Total Square Footage: _____

Geographic Adjustment: _____

Cost Adjustments

<u>Adjustments</u>	<u>Quantity</u>	<u>Units</u>	<u>Unit Cost</u>	<u>Item Cost</u>

Additional Cost Adjustments

<u>Adjustments</u>	<u>Quantity</u>	<u>Unit Cost</u>	<u>Item Cost</u>

Cost Data Reference (source or name): _____

Cost Data Date: _____

Note: The computed **Actual Cash Value (ACV)** for the structure will be calculated once the square footage, base cost, cost adjustments, costs add-ons, and depreciation percentage are entered into the SDE tool.

Depreciation Rating:

____ 1. Very Poor Condition ____ 2. Requires Extensive Repairs ____ 3. Requires Some Repairs
 ____ 4. Average Condition ____ 5. Above Average Condition ____ 6. Excellent Condition ____ 7. Other

Depreciation Percentage (if 'Other' selected for Depreciation Rating): _____

Depreciation Explanation (if 'Other' selected for Depreciation Rating): _____

ELEMENT PERCENTAGES Tab

Note: The inspector needs only enter the % **Damaged** data here. The data in the Element %, Item Cost, and Damage Values columns will be populated based on the selected attributes once all the data are entered into the SDE tool.

<u>Item</u>	<u>% Damaged</u>	<u>Element %</u>	<u>Item Cost</u>	<u>Damage Values</u>
Foundation				
Superstructure				
Roof Covering				
Plumbing				
Electrical				
Interiors				
HVAC				

SDE OUTPUT SUMMARY Tab – Optional User Entered Data

Professional Market Appraisal: _____

Tax Assessed Value: _____ Factor Adjustment: _____

Adjusted Tax Assessed Value: _____

Contractor's Estimate of Damage: _____

Community's Estimate of Damage: _____