

## **Property Inspection sheet**

Date:	in topolity interestion on our
Time:	
Person doing viewing:	
Sale or Rental:	
Property on the Market For:	
Estate Agent Name:	
Estate Agent Number:	
Vendor Name:	
Property Address:	
Description of the property:	
Reason vendor is selling (if a	pplicable):
How long has the property be	een on the market:
Estate Agents believed resale	e value if property done up (if applicable):
Estate Agents believed month	nly rent if property rented out (as a normal family property):



## Please tick all that apply

Item	Tick	General Comments, i.e. new/old/need work
Gas Central Heating (GSH)		
Double Glazing (DG)		
Damp Proof Course (DPC)		
Recent Re-wire (RW)		
Floor and skirting in good order		
Boiler working		
Internet line present (specify supplier)		
Curtains and blinds needed		
List all furniture that is needed	n/a	
Any Maintenance / Snagging (list all)		



## **Room Details**

Dining Kitchen	Bathroom
Living Room	Ground Floor Bedroom
Bedroom Two	Bedroom Three
Bedroom Three	Garage
Other room (please name)	Other room (please name)
Other room (please name)	Other room (please name)
Other room (please name)	Other room (please name)
Other room (please name)	Other room (please name)
Other room (please name)	Other room (please name)

## Freehand Drawing of Floorplan (rough only)



Specify link to stored floorplan of property:

specify link to stored hoorplan or property.
Photos of property: Specify link to stored pictures of property:
Video walkaround of property: Specify link to stored video of property walkaround:
General comments of property:
Description of local area: