

ALL FIELDS MARKED WITH AN ASTERISK (*) MUST BE FILLED IN

(CIRCLE ONE ONLY)

*TYPE _____ *AREA: _____

Real Estate For Sale *PRICE: _____ DROP DOWN "PRICE PER SQ FT" "FLAT" "N/A" (lease only)

Business Opportunity

Real Estate for Lease *ADDRESS: _____

Proposed Construction ST. # ST. DIR STREET NAME

Build to Suit

Business Opportunity w/ Real Estate *CITY: _____ *ZIP CODE: _____

*PRESENT USE	*BUILDING SQ. FT.	*LAND SQ. FT.	VOW Include (Y/N) _____
Retail	0	0	
Hotel/Motel	1 - 2,000	1 - 10,000	VOW Address(Y/N) _____
Restaurant/Bar	2,001 - 5,000	10,001 - 20,000	
Office	5,001 - 10,000	20,001 - 50,000	VOW Comment(Y/N) _____
Business	10,001 - 20,000	50,000+	
Warehouse	20,000+		VOW AVM (Y/N) _____
Industrial			
Shopping Center			
Other		*SALE/RENT: _____	

of Acres: _____ # of Units: _____ # of Buildings: _____ # of Stories: _____ Waterfront: (Y/N) _____

*List Agent/List Office: _____ Phone: _____

Co-Agent/Office: _____ Phone: _____

*Comm: BA: _____ (%/\$) SA: _____ (%/\$) EXA:(Y/N) _____ EXC:(Y/N) _____ Variable:(Y/N) _____

*Limited Service: (Y/N) _____ Seller's Info: _____

*County: _____ *Municipality: _____ Zoning: _____

*List Date: ___/___/___ *Expire Date: ___/___/___ Owner Name: _____

Occupied By: _____ Apx. Age: _____ Lot Size: _____ Street Frontage: _____

Sq. Footage: Office: _____ Retail: _____ Warehouse: _____ Service: _____

Mezzanine: _____ Basement: _____ Other: _____

*Total Sq. Footage: _____ *Foreclosure (Y/N): _____ *Short Sale (Y/N): _____ LEED Rating: _____

*Tax #: _____ Tax Amount: _____ Tax Year: _____

Annual Rents: _____ Annual Sales: _____ Total Income: _____ Utilities: _____

Other Expenses: _____ Total Expenses: _____ Net Income: _____

Occupancy %: _____ CAP Rate _____ CAM Fees (Y/N): _____ Association Fees (Y/N): _____

Excluded Items (Y/N): _____ Parking: _____ Rail Svc (Y/N): _____ # Loading Docks: _____

Overhead Doors: _____ Ceiling Height (Max): _____ Ceiling Height (Min): _____ Sprinklered (Y/N): _____

DBA: _____ Covenants/Restrictions (Y/N): _____ # Entry Doors: _____

Financing Remarks: _____

REMARKS (255 Characters Only): _____

(50) FEATURE CODES: Under each category given, circle all the numbers that apply.

A. CONSTRUCTION

1. Brick
2. Stucco
3. Vinyl
4. Wood
5. Metal
6. Horizontal
7. Vertical
8. Concrete Block
9. Composition
10. Log
11. Stone
12. Other

B. ROOF

1. Composition
2. Shingle
3. Wood Shingle
4. Tile
5. Slate
6. Flat
7. Sloped
8. Metal
9. Membrane/Rubber
10. Other

C. OCCUPANT

1. Long Term Tenant
2. Owner
3. Short Term
4. Vacant

D. PARKING

1. Assigned
2. Common
3. Covered Parking
4. Off Site
5. Paved
6. Parking Garage
7. Municipal
8. Private
9. Street Parking
10. Yard/Semi
11. None

E. HEAT TYPE

1. Geothermal
2. Hot Water
3. Solar
4. Space
5. Steam
6. Forced Air
7. Baseboard
8. Radiant
9. Other

F. FUEL TYPE

1. Electric
2. Natural Gas
3. LP Gas
4. Fuel Oil
5. Wood
6. Wind
7. Bio-fuel
8. Other

G. COOLING

1. Central
2. Wall
3. Window
4. None
5. Other

H. MISCELLANEOUS

1. Gas Hot Water Heater
2. Electric Hot Water Heater
3. Solar Assistant Hot Water Heater
4. Utility Separate Meter
5. Utility Master Meter
6. Living Area in Building
7. Inside Storage
8. Outside Storage
9. Display Window
10. Elevator
11. Fire Stairs
12. Fire Alarm
13. Fire Escape
14. Sprinkler System
15. Landscape Sprinkler
16. Security Lighting
17. Security System
18. Janitorial Service
19. Fencing
20. Gas Pumps
21. Tanks Gas
22. Auto Bay
23. Truck Bay
24. Auto Lift
25. Shelving
26. Fuel Tanks
27. Handicap Access
28. High Traffic Location
29. High Visibility
30. Highway Access
31. Kitchen Area
32. Landscaped
33. Other
34. Out Building
35. Compressors
36. Garage Door Opener
37. Water Softener
38. Water Filter
39. Alley
40. Ramp
41. Conveyor(s)
42. Freight Elevator
43. Public Rest Rooms
44. Shared Conference Room
45. Reception Area
46. Signage Available
47. ADA Compliance
48. Security Fence
49. Smoke Detectors

I. LOCATION

1. Business District
2. Shopping Center
3. Free Standing
4. Residential Area
5. Industrial Park
6. Corner
7. Near Major Highway
8. Other

J. SEATING CAPACITY

1. 1 – 10 Persons
2. 11 – 20 Persons
3. 21 – 30 Persons
4. 31 – 50 Persons
5. 51 – 75 Persons
6. 76 – 100 Persons
7. Over 100 Persons

K. WATER/WASTE

1. Municipal Water
2. Well
3. Joint Well
4. Municipal Sewer
5. Non-Municipal/Private Disposal
6. Holding Tank
7. Conventional
8. Other

L. LICENSES

1. None
2. Food
3. Liquor
4. Beer
5. Wine
6. Tobacco
7. Cabaret
8. Special Use
9. B & B
10. Rooming
11. Other

M. SALE INCLUDES

1. Business Name
2. Franchise
3. Lease(s)
4. Easements
5. Assets Only
6. Options
7. All Equipment
8. Some Equipment
9. Phone System
10. Inventory
11. Receivables
12. Customer List
13. Signs
14. All Furniture
15. Some Furniture
16. Other
17. Structure on Leased Land

N. POSSIBLE USE

1. Retail
2. Hotel/Motel/Bed & Breakfast
3. Restaurant/Bar
4. Office
5. Business
6. Warehouse
7. Industrial
8. Shopping Center
9. Manufacturing
10. Recreation
11. Automotive
12. Grocery
13. School
14. Church
15. Gas Station
16. Beauty/Barber
17. Mixed Use
18. Other
19. Truck Terminal
20. Mini Self Storage

O. DOCUMENTS ON FILE

1. Lease(s)
2. Fixtures & Equipment
3. Inventory List
4. P & L Statement
5. Blue Prints
6. Certified Survey Map
7. Valid Weatherization Certificate
8. Corporation Records
9. Sales Tax Return
10. EPA 1
11. EPA 2
12. Certificate of Occupancy
13. Property Condition Report
14. Deed Restrictions/Covenants

P. LEASE TYPE

1. None
2. Partial Net
3. Triple Net
4. Gross
5. Percentage
6. Mixed Lease Types
7. Escalators
8. Month to Month
9. Annual
10. Multiple Years
11. Renewal Options
12. Ground Lease
13. Finishing Allowance
14. Other

Q. TENANT PAYS

1. Taxes
2. Heat
3. Air Conditioning
4. Electric
5. Water
6. Sewer
7. Insurance
8. Janitorial
9. Trash Services
10. Snow Removal
11. Parking
12. All Expenses
13. No Expenses
14. Other

R. ELECTRICAL/COMMUNICATIONS

1. 3 Phase
2. 200 AMP
3. 400 AMP
4. 800 AMP
5. 1600+ AMP
6. Fiber Optic Access
7. High Speed Internet Access
8. T1

SHOWING TIME INSTRUCTIONS (UP TO 4000 CHARACTERS)
