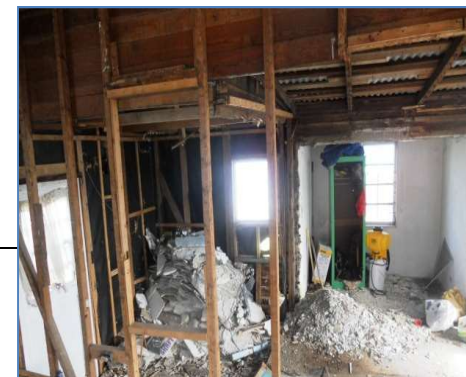




GOVERNMENT OF BERMUDA



Land Valuation Department

Uninhabitable Property Check List

Assessment Number: _____ **Unit Name/Apt #:** _____

Property Address: _____

- | | | | | | |
|---|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| 1) Is the unit wind and water tight? | ☐ Yes | ☐ No | 10) Is there a functioning kitchen? | ☐ Yes | ☐ No |
| 2) Is the external roof defective? | ☐ Yes | ☐ No | 11) Is there a functioning bathroom(s)? | ☐ Yes | ☐ No |
| 3) Is the unit structurally sound? | ☐ Yes | ☐ No | 12) Is the unit internally gutted? | ☐ Yes | ☐ No |
| 4) Are the walls defective in any way? | ☐ Yes | ☐ No | 13) Is the unit currently in occupation? | ☐ Yes | ☐ No |
| 5) Are all the windows still intact? | ☐ Yes | ☐ No | 14) When was the last time the property was occupied? | | |
| 6) Is there power to the unit? | ☐ Yes | ☐ No | (Month/Year) _____ | | |
| 7) Is the electrical wiring still intact? | ☐ Yes | ☐ No | 15) What date did the unit become uninhabitable? | | |
| 8) Is there running water in the unit? | ☐ Yes | ☐ No | (Day/Month/Year) _____ | | |
| 9) Does the plumbing still function? | ☐ Yes | ☐ No | 16) Please provide documentation to support the above date. | | |
| | | | (Photos, contractors invoices etc): | | |
| | | | 17) Building Permit # for the works _____ | | |

Please provide additional information highlighting specific defects: _____

Signed _____ Print Name _____ Date _____

Contact Details: Tel.: _____ Email: _____