

Yes	No	NR
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

13. Commercial or industrial noxious fumes, odors, noises, etc. on or near Property.....
 If yes, please describe: _____

B. Legal/Land Use Aspects

- 1. Current or past title insurance policy or title search.....
- 2. Copy of deed(s) for property.....
- 3. Government administered programs or allotments.....
- 4. Rollback or other tax deferral recaptures upon sale.....
- 5. Litigation or estate proceeding affecting ownership or boundaries.....
- 6. Notices from governmental or quasi-governmental authorities related to the property..
- 7. Private use restrictions or conditions, protective covenants, or HOA.....
- If yes, please describe: _____
- 8. Recent work by persons entitled to file lien claims.....
- If yes, have all such persons been paid in full
- If not paid in full, provide lien agent name and project number: _____
- 9. Jurisdictional government land use authority:
 County: _____ City: _____
- 10. Current zoning: _____
- 11. Fees or leases for use of any system or item on property
- 12. Location within a government designated disaster evacuation zone (e.g.,
 hurricane, nuclear facility, hazardous chemical facility, hazardous waste facility).....
- 13. Access (legal and physical) other than by direct frontage on a public road
 Access via easement.....
- Access via private road
- If yes, is there a private road maintenance agreement? yes no
- 14. Solar panel(s), windmill(s), cell tower(s).....
- If yes, please describe: _____

C. Survey/Boundary Aspects

- 1. Current or past survey/plat or topographic drawing available.....
- 2. Approximate acreage: _____
- 3. Wooded Acreage _____; Cleared Acreage _____
- 4. Encroachments.....
- 5. Public or private use paths or roadways rights of way/easement(s).....
- Financial or maintenance obligations related to same
- 6. Communication, power, or other utility rights of way/easements
- 7. Railroad or other transportation rights of way/easements.....
- 8. Conservation easement
- 9. Property Setbacks.....
- If yes, describe: _____
- 10. Riparian Buffers (i.e., stream buffers, conservation districts, etc.).....
- 11. Septic Easements and Repair Fields
- 12. Any Proposed Easements Affecting Property.....
- 13. Beach Access Easement, Boat Access Easement, Docking Permitted.....
- If yes, please describe: _____

Seller Initials RB Initial EBR Buyer Initials _____

D. Agricultural, Timber, Mineral Aspects

	Yes	No	NR
1. Agricultural Status (e.g., forestry deferral)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Licenses, leases, allotments, or usage permits (crops, hunting, water, timber, etc.)..... If yes, describe in detail: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Forfeiture, severance, or transfer of rights (mineral, oil, gas, timber, development, etc.) If yes, describe in detail: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Farming on Property: <input type="checkbox"/> owner or <input type="checkbox"/> tenant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Presence of vegetative disease or insect infestation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Timber cruises or other timber related reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Timber harvest within past 25 years	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, monitored by Registered Forester?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If replanted, what species: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Years planted: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Harvest impact (other than timber)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, describe in detail: _____			

E. Environmental Aspects

	Yes	No	NR
1. Current or past Phase I, Phase II or Phase III Environmental Site Assessment(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Underground or above ground storage tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, describe in detail: _____			
3. Abandoned or junk motor vehicles or equipment of any kind	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Past illegal uses of property (e.g., methamphetamine manufacture or use).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Federal or State listed or protected species present.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, describe plants and/or animals: _____			
6. Government sponsored clean-up of the property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Groundwater, surface water, or well water contamination <input type="checkbox"/> Current <input type="checkbox"/> Previous ...	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Previous commercial or industrial uses.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Wetlands, streams, or other water features	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Permits or certifications related to Wetlands	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conservation/stream restoration.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Coastal concern (tidal waters, unbuildable land, flood zone, CAMA, Army Corp., etc.) If yes, describe in detail: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. The use or presence on the property, either stored or buried, above or below ground, of:			
i. Asbestos, Benzene, Methane, Pesticides, Radioactive Material	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, describe in detail: _____			
ii. Other fuel/chemical.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iii. Paint <input type="checkbox"/> Lead based paint <input type="checkbox"/> Other paint/solvents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iv. Agricultural chemical storage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

F. Utilities

Check all currently available on the Property and indicate the provider.

Water (describe): _____

Sewer (describe): _____

Gas (describe): _____

Electricity (describe): _____

Cable (describe): _____

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