



PROPERTY NAME: _____

AGENT(S): _____

DATE SUBMITTED: _____ ENTERED: _____

*Bolted fields are required

PROPERTY LOCATION

Specific Use () Creative Loft () General Purpose () Governmental () Medical () Other

Additional General Use 1: _____

Additional General Use 2: _____

Address _____

Quadrant: _____ NE NW SE SW of

East/West St: _____ and

North South St: _____

City _____

State _____ Zip _____

Min St #: _____ Max St #: _____

Property Name _____

Building # _____

County _____

Latitude: _____

Longitude: _____

Market _____

Submarket _____

Map Page: _____

Complex Name _____

Map Grid Number: _____

Parcel ID _____

Location Comments _____

Size (Ac.) _____

PROPERTY DESCRIPTION

Total Building Size _____ SF

Building Class _____

Size Source: _____ (Agent, Owner, County etc.)

Parking Spaces: _____ Spaces/1000: _____

Number of Floors _____

Core Factor: _____

Number of Office Floors _____

Minimum Floor Size _____ SF

Sprinkler: () Y () N

Maximum Floor Size _____ SF

Tenancy () Multi-Tenant () Single Tenant

Pass. Elevators _____

Elevator Banks _____

Bldg Comments: _____

Parking Elevators _____

Freight Elevators _____

Lot Size: _____ Ac.

Construction Status: () Existing () U/C () Proposed

Zoning Class: _____ (See CDX for Options)

Qtr/Year Built: _____ / _____

Zoning Code: _____

Construction Start Date: _____

Est. Completion Date: _____

Site Comments: _____

Construction Type	() Masonry	() Pre-Cast
	() Wood Frame	() Mixed
	() Other	() Tilt-Up

Built to Suit/Spec: () Built to Suit () Speculative Development

Year Renovated: _____

Major Tenant 1: _____

Gov't Interest: () Lessee () None () Owner/Occupant

Major Tenant 2: _____

Owner Occupant: () Yes () No

Major Tenant 3: _____

Property Manager: _____

ADA Accessible: () Y () N

HVAC () Y () N

HVAC Type: _____

Retail _____ SF

For Office Use Only

