



PROPERTY NAME: _____
AGENT(S): _____
DATE SUBMITTED: _____ ENTERED: _____

*Bolded fields are required

PROPERTY LOCATION

Specific Use ()Automotive ()Community Center ()Convenience Center
()Fashion Center ()Freestanding ()Gas Station/Garage ()General Street Retail
()Lifestyle Center ()Neighborhood Center ()Other ()Outlet Center ()Power Center
()Regional Center ()Restaurant ()Theme/Festival Center
Additional General Use 1 _____
Additional General Use 2 _____

Address _____ Suite Number/Letter _____
City _____ State _____ Zip _____
Quadrant () NE () NW () SE () SW of _____
East/West Street _____ and _____
North/South Street _____
Min St. # _____ Max St # _____
Latitude _____
Longitude _____
Map Page _____
Map Grid _____
Location Comments _____
Property Name _____
County _____
Market _____
Submarket _____
Parcel Number _____ Size (Ac) _____

PROPERTY DESCRIPTION

Total Building Size _____ SF
Size Source _____ (Agent, Owner, County etc.)
Parking Spaces _____ Spaces/1000 _____
Bldg Comments: _____
Bay Depth (Lin. Ft.) _____ Bay Width (Lin/ Ft.) _____
ADA Accessible: () Y () N
HVAC () Y () N HVAC Type _____
Sprinkler: () Y () N

of Anchors _____
Total SF of Anchors _____
Lot Size _____ Ac Or _____ SF
Zoning Class _____
Zoning Code _____
Construction Status: () Existing () U/C () Proposed
Qt/Year Built: _____ / _____
Construction Start Date: _____
Est. Completion Date: _____
Construction Type () Masonry () Pre-Cast () Wood Frame
() Mixed () Steel Frame
() Other (x) Tilt-Up
Site Comments: _____
Built to Suit/Spec: () Built to Suit (x) Speculative Development
Year Renovated: _____

Major Tenant 1 _____
Major Tenant 2 _____
Major Tenant 3 _____
of Anchors _____
Total SF of Anchors _____
Tenancy () Multi-Tenant () Single Tenant
Gov't Interest: () Lessee () None () Owner/Occupant
Owner Occupant: () Yes () No
Property Manager: _____

Primary Street _____ Secondary Street _____
Primary Access _____ Secondary Access _____
Primary Frontage _____ Lin Ft Secondary Frontage _____ Lin Ft
Primary Traffic Count _____ Secondary Traffic Count _____

Grade/Drive in Doors _____ Comments: _____
Dock High _____ Comments: _____

No. of Floors _____

