

Appendix E

Pre-Site Visit Questionnaire

Purpose and Use. The pre-site visit questionnaire is intended to provide the CNA Provider with an understanding of the components and systems at the Property and facilitate an effective and efficient site inspection. Prior to the CNA Provider's site visit, the CNA Provider should deliver the pre-site visit questionnaire to the Property Point of Contact for completion and the CNA Provider shall make reasonable efforts to review the pre-site visit questionnaire prior to the site visit. If the pre-site visit questionnaire is received prior to the Field Observer's site visit, the CNA Provider should interview the Property Point of Contact to address any needed clarifications.

1. General Property Information		
Property Name:		
Property Address:		
City:	County:	Zip:
Property Owner / Owner's Representative:		Phone:
		Email:
Property Manager:	Experience in Multifamily:	Phone:
	Experience at Subject Property:	Email:
Maintenance Manager:	Experience in Multifamily:	Phone:
	Experience at Subject Property:	Email:
Total Land Area (ac.):		
Date(s) of Construction and Major Renovations (describe):		
Total Number of Apartment Buildings on Property:		
Is the Property located within a flood zone?		Flood Zone:
Is the Property located within a high velocity hurricane zone or windborne debris region?		
Has the Property been damaged by a catastrophic event or natural disaster in the past?		
If yes to above, provide details including type of event, extent of damage and date of event.		
Has the Property been subject to or recommended for an Environmental Phase II investigation or are there any current environmental concerns at the Property?		
If yes to above, provide details (including previous Phase I and Phase II report, if applicable).		

Number of Non-Residential Buildings on-site:	Clubhouse Area (sq.ft.):	Leasing Office (sq.ft.):		
Recreation Area (sq.ft.):	Maintenance Structure (sq.ft.):	Laundry Facility (sq.ft.):		
Other Amenities (description & sq.ft.)				
Number of On-Site Parking Spaces:	Number of Covered Parking and/or Garage Spaces:	Parking Spaces Assigned or General Lot?		
Total # of Rental Units:	Total Model Units and Unit Type:			
No. of Studio Units:	Floor Area (sq.ft.):	No. Units Occupied:	No. Units Vacant:	No. Units Down:
No. of 1-Bedroom Units:	Floor Area (sq.ft.):	No. Units Occupied:	No. Units Vacant:	No. Units Down:
No. of 2-Bedroom Units:	Floor Area (sq.ft.):	No. Units Occupied:	No. Units Vacant:	No. Units Down:
No. of 3-Bedroom Units:	Floor Area (sq.ft.):	No. Units Occupied:	No. Units Vacant:	No. Units Down:
No. of 4-Bedroom Units:	Floor Area (sq.ft.):	No. Units Occupied:	No. Units Vacant:	No. Units Down:
No. of Other Units:	Floor Area (sq.ft.):	No. Units Occupied:	No. Units Vacant:	No. Units Down:
Current Economic Occupancy (%):	Current Physical Occupancy (%):	Average Economic Occupancy - Last Calendar Year (%):	Average Physical Occupancy - Last Calendar Year (%):	
List Commercial / Retail Tenants (Attach commercial lease abstracts for each tenant):				
No. of Commercial / Retail Units: Tenants (sq.ft.):	Total Floor Area of Commercial / Retail	Current Economic Retail Occupancy (%):	Current Physical Occupancy (%):	
Include brief narrative on commercial uses:				

Property or the residential tenants receive a government-provided utility subsidy payment?		Property is rent-controlled/ rent stabilized?
Property complies with local jurisdictional regulations? If not in compliance, attach explanation. (If not known, indicate such.)		
Is the Subject Property in compliance with Codes?	Florida Building Code:	
	Florida Fire Prevention Code:	
	Zoning Codes:	
Are As-built Construction Plans or Record Drawings available for review during the site visit?		
Is the Subject Property pursuing a green building certification? (If yes, attach additional detail.)		
If green building certification is in place, identify certifying body and year of certification.		
Does Lead Paint exist at the Subject Property? (If yes, attach report copy.)		
Do Asbestos Containing Materials exist at the Subject Property? (If yes, attach report copy.)		
Does Property have a Moisture Management Plan? (If yes, attach copy.)		
Does Property have a Termite / Pest Management Program Plan? (If yes, attach copy.)		

2. Utility Providers	
Water:	
Electricity:	
Natural Gas:	
Fuel Oil (specify type):	
Other Fuel Types (i.e., propane):	
Sewer:	
Waste Disposal:	
Telephone:	
Cable TV/Internet:	Connection Available in Each Unit?
Are the current utility service levels adequate?	
If not adequate, provide description and issues:	

3. Site Improvements		
Parking Pavement Type (Asphalt or Concrete):	Last Re-seal & Re-stripe Date:	Last Overlay Date:
Type of Sidewalk present (Concrete or Pervious):	Do the Sidewalks connect to the adjacent neighborhood?	
Site Lighting present?	Type of Site Lighting:	
Site Security present?	Site Security features provided:	
Are Athletic Courts or Playgrounds present? (if yes provide description, including equipment age and play surface materials and condition)		
Are Swimming Pools, Jacuzzis or Saunas present? (if yes provide description, including equipment age and surface materials and condition)		
Description of Landscaping (mature, new, minimal, native or not native plants):	Landscaping Contract?	
	Landscaping Firm:	
	Landscaping Capital Budget:	
	Landscaping Annual Maintenance Budget:	
Landscape Irrigation present?	Irrigation Type:	
Stormwater System present?	Stormwater Piping Material Used:	
On-Site Stormwater Retention or Detention?	Known Stormwater Drainage Issues:	
Other Site Improvements / Amenities: (include description, age and current condition)		

4. Building Materials and Finishes	
Structural Frame Type:	Foundation Type:
Does a Crawl Space Exist?	Is Crawl Space Accessible by Tenants?
Exterior Walls & Finishes Type(s):	Type of Exterior Wall Insulation and Rating:
Do Balconies, Porches or Decks Exist? (describe):	
Exterior Doors Type(s):	Windows Type(s):
Elevators or Lifts:	Last Elevator Inspection Date:
Type of Roof(s):	Age of Roof(s):
Roof Warranty (including term):	Known Leak Locations:
Type of Roof Insulation and Rating:	Age of Roof Insulation:
Does an Attic Exist?	Is Attic or Rooftop Accessible by Tenants?
Description of energy efficient materials or technologies in place (if any):	

5. Building Interiors		
Common Areas (provide attachments for multiple areas as needed)		
Floors:	Baseboards:	Walls:
Window Treatments:	Trim:	Ceiling:
Common Toilet Rooms Finishes:		
Common Toilet Rooms Fixtures:		
Apartment Units (provide attachments for multiple unit types as needed)		
Floors:	Baseboards:	Walls:
Window Treatments:	Trim:	Ceiling:
Bathroom Finishes:		
Bathroom Cabinetry and Fixtures:		
Kitchen Finishes:		
Kitchen Cabinetry and Fixtures:		
Appliances: (note if Energy Star rated)		Full Size Oven/Range Present in all units?

6. Electrical System	
Load (Volts/Phase/Wires):	Total Service Amps:
Electrical Metering (individually metered units or master meter):	
Wiring (copper, aluminum or combination):	
Standby Generator:	Fuel Source:
Exterior Lighting:	Exterior Lighting Control (timer, photocell, etc.):

7. Mechanical System	
HVAC Units Description:	
Total Number and Capacity (tons):	Operation (electric or gas):
Unit Ages or Age Range:	Are HVAC Units Energy Star Rated?
Is all ductwork insulated?	Are vent fans present in all bathrooms?

8. Plumbing and Fuel Gas System	
Domestic Water Supply Pipe Material(s):	
Known Water Supply Problems (leaks, low pressure, etc.):	
Water Heater Service (individual unit or central):	Total Number:
	Ages or Age Range:
	Operation (electric or gas):
	ENERGY STAR Rated?
	Hot Water Lines Insulated?
Central Boiler System Used?	Boiler Permit No.
Sanitary Sewer Pipe Material(s):	
Known Sanitary Sewer Problems (leaks, clogs, slow drainage etc.):	
Fuel Gas Distribution Pipe Material:	
Known Fuel Gas Distribution Problems:	

9. Fire Detection and Suppression	
Fire Sprinkler System Present?	Locations:
	System Type (wet or dry):
Standpipe Present?	Locations:
Hose Cabinet Present?	Locations:
Portable Fire Extinguishers Present?	Locations:
	Type:
	Last Inspection Date:
Fire Alarm System Present?	Control Panel Location:
Smoke Detectors Present?	Type (System or individual unit):
Carbon Monoxide Detectors Present?	Type (System or individual unit):

10. Accessibility, Adaptability, Universal Design and Visitability	
History	
Has an ADA survey previously been completed for this property?	
Are there any ADA complaints or pending litigation?	
ADA improvements been made to the property since original construction:	Date Completed:
Accessible Units	
Assigned Accessible Units – Mobility Impaired:	% of Total:
Assigned Accessible Units – Sensory Impaired:	% of Total:
Accessible Elements (as defined in the Florida Building Code – Accessibility)	
Accessible parking space count:	Type (lot or individual unit):
Exterior accessible route from parking to accessible units present?	
Exterior accessible route between accessible units and accessible features present?	
Accessible entrances present at all accessible units and common buildings?	
Is door hardware in accessible units lever-type operation or knobs?	
Interior accessible routes present to spaces and amenities in common buildings?	
Interior accessible routes present to spaces and amenities in accessible units?	
Are toilet rooms and fixtures in common buildings accessible?	
Are walls in all unit bathrooms reinforced for future grab bars at toilet and shower?	
Number of units with roll-in showers present:	% of Total:
Do accessible unit sinks and lavatories have lever handle faucets?	
Are roll-out shelving or drawers present in all bathroom vanity base cabinets?	
Are there kitchen base cabinets with full extension drawer slides present in all units?	
Is there resident-adjustable shelving present in master bedroom closets in all units?	
Are cabinetry door handles and drawer pulls lever or d-shaped for ease of use?	

11. Laundry Facilities

Laundry Facility Type:	Common Laundry Facility?	In-Unit Hook-ups Only?	In-Unit Equipment Provided?
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Are Energy Star Laundry Appliances Provided?

12. Capital Improvements

Completed Capital Improvements in the last 3 years: (attach documentation if available)

Description of Capital Improvement:	Actual Completion Date:

Planned Capital Improvements: (indicate if under contract)

Description of Capital Improvement:	Scheduled Completion Date:

Signature of Owner or Authorized Representative

Name

Title

Date