

Professional Property Appraisers, Inc.

PO Box 905, Delran, NJ 08075

Phone: 1-(866)-957-1388

Fax: (856) 764-1453

BOROUGH OF ESSEX FELLS

INTERIOR INSPECTION QUESTIONNAIRE

BLOCK: _____

LOT: _____

QUAL: _____ (CONDOS ONLY)

NAME: _____

PROPERTY LOCATION: _____

Due to the COVID-19 Pandemic and for the overall health and safety of all, we are sending you this information request for interior data for your home. The Township will be utilizing this data to appraise your home for tax assessment purposes. If you do not complete this form and mail it back to our office, we will be estimating all interior information below based on an in-person exterior inspection. Please contact Professional Property Appraisers at (866) 957-1388 with any questions or if you need any assistance with filling out this form.

Please fill out each section for all the items to best describe the data for the above referenced property.

-Please circle one of the following items. Please add any comments to further describe any items if necessary.

What year was your home built? _____

Is your property a Single Family Dwelling? Yes or No (Condos and Townhomes are single family)

If No, how many units are in the dwelling? _____

Does this property have an In-Law Suite with an Extra Cooking Range? Yes _____ No _____

Please indicate how many bedrooms per unit _____ How many baths per unit _____

Is this a rental property? Yes or No Comments: _____

If Yes, What is the Rent for Each Unit? _____

What does the Rent Cover (Electric, Water, etc)? _____

Heat Source- Please circle heating source: **Electric Gas Oil Other** _____

Heat System- Please circle a heating system below:

Forced Hot Air Hot Water Baseboard Radiators Electric Heat Pump Floor/Wall Unit

Air Gravity Electric Baseboard Other _____

Air Conditioning- Please circle yes if your home has central air and no if it does not: **Yes No**

Interior Wall- Please circle below which best describes the interior walls of your home:

Drywall Plaster Other _____

Basement Area- Does your home have a basement: **Yes No**

If Yes: What percentage of the basement is finished: _____%

Please circle what the functional use of this finished area: **Bed Room Rec Room Office Other** _____

Is there a kitchen in the basement? **Yes No** Does the basement have heat? **Yes No**

Attic Area- Is there a walk-up attic via a fixed stairway (not a scuttle or drop down ladder): **Yes No**

If Yes: What percentage of the total attic area is finished: _____%

Please circle what the functional use of this finished area: **Bed Room Rec Room Office Other:** _____

Does the attic have heat? **Yes No**

Fireplaces- Please circle if your home has any fireplaces: **Yes No**

If yes how many: _____ **Other** _____

Bathrooms- Please enter the **NUMBER** of bathrooms in the dwelling. Each Bathroom is counted by the number of fixtures in each bathroom. Please Circle condition of each bathroom.

Half bath (Sink/Toilet Only) _____ **Condition: Older Average Modern**

Full Bath (Sink/Toilet/Shower or Tub) _____ **Condition: Older Average Modern**

Deluxe Full Bath (Two Sinks/Toilet/Shower or Tub) _____ **Condition: Older Average Modern**

Deluxe Primary Bath (Two Sinks/Toilet/Stall Shower/Separate Tub or Jacuzzi) _____ **Condition: Older Average Modern**

Interior Room Count- Please enter the **NUMBER** of rooms on each floor of the dwelling:

Basement: Living ___ Dining ___ Kitchen ___ Bathroom ___ Bedroom ___ Rec Room ___ Den/Office ___

First Floor: Living ___ Dining ___ Kitchen ___ Bathroom ___ Bedroom ___ Rec Room ___ Den/Office ___

Second Floor: Living ___ Dining ___ Kitchen ___ Bathroom ___ Bedroom ___ Rec Room ___ Den/Office ___

Third Floor: Living ___ Dining ___ Kitchen ___ Bathroom ___ Bedroom ___ Rec Room ___ Den/Office ___

Condition- *Please circle the description that best describes the condition of dwelling:*

Kitchen Condition: Older Average Modern

Eat in Kitchen: Yes No

Overall Interior Condition of Dwelling: Older Average Modern

Overall layout of first floor: Original/Average Modern/Open

Overall layout of second floor: Original/Average Modern/Updated

Have there been any additions to the original dwelling? Yes No

If yes, what year when was it completed _____

Have there been any renovations to the original dwelling? Yes No *If yes, what year when was it completed* _____

If there is any other information you may like to provide us, enter below or attach and send it back to us with this document. You may also describe any other relevant information that may be utilized to assess the property.

By signing and dating, you are testifying that the information you have submitted is truthful and accurate. The Assessor, after review of this information, has the right to request an interior inspection to verify this information. You, as the property owner, also reserve the right to request an interior inspection (virtual options available) in lieu of completing this form.

Signature: _____

Print: _____ **Date:** _____

Contact Phone Number: _____

Contact Email Address: _____