Non-Residential

SDE DAMAGE INSPECTION WORKSHEET

Address: ________________________________________________________________

SDE ADDRESS Tab

Subdivision Information

Subdivision: __________________________________ Parcel Number: _________
Lot Number: _______ Elevation of Lowest Floor: ___________ Datum: ____________

Community Information

NFIP Community ID: _________ NFIP Community Name: __________________________
Latitude: ___________________________ Longitude: ____________________________

Building Address

Owner First Name: __________________________________________________________
Owner Last Name: __________________________________________________________
Street Number: _________ Street Name: ___________________________ Street Suffix: _____
City: ___________________________ State: _________
County: ___________________________ Zip: ___________
Phone: ___________________________ Cell Phone: ____________________________

Mailing Address  Check here if same as above: ______
First Name: _____________________________________________________________
Last Name: _____________________________________________________________
Street Number: _________ Street Name: ___________________________ Street Suffix: _____
City: ___________________________ State: _________
County: ___________________________ Zip: ___________
Phone: ___________________________ Cell Phone: ____________________________
Care of: ____________________________
SDE STRUCTURE / DAMAGE / NFIP INFO Tab

Structure Information

Year of Construction: ________________ Number of Stories: ____ 1 Story ____ 2 thru 4 ____ 5 or more

Structure Use: __________________________________________________________

Sprinkler System: ____ Yes ____ No Conveyance: ____ Yes ____ No

Residence Type: ____ Single Family ____ Town or Row House ____ Manufactured House

Quality of Construction: ____ Low ____ Budget ____ Average ____ Good ____ Excellent

Structure Information (if needed): ____________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Damage Information

Date Damage Occurred (mm/dd/yyyy): ________________________________

Cause of Damage: ____ Fire ____ Flood ____ Flood and Wind ____ Seismic ____ Wind ____ Other

Cause of Damage (if ‘Other’ is selected): _______________________________________

No Physical Damage (check here if none): _______

Duration of Flood: _________ Hours _________ Days

Depth of Flood Above Ground (estimated to nearest 0.5 foot): _________________

Depth of Flood Above First Floor (estimated to nearest 0.5 foot): _______________

Inspector Information:

Inspector’s Name: ________________________________________________

Inspector’s Phone: ______________ Date of Inspection (mm/dd/yyyy): _______________
NFIP Information:

FIRM Panel Number: _______ Suffix: _________ Date of FIRM Panel (mm/dd/yyyy): ________________

FIRM Zone: _________ Base Flood Elevation: ________________

Regulatory Floodway: ___ Yes ___ No ___ Possible

Community Information (if needed): ___________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

COST Tab

Square Footage

Calculate (on next page) or Enter Square Footage

Total Square Footage (if available): __________________________________________________________________

Base Cost per Sq Ft: _______________ Geographic Adjustment: _______________
COST Tab

Select appropriate diagram of structure footprint and enter structure dimensions and the number of stories:
### Adjustments

<table>
<thead>
<tr>
<th>Adjustments</th>
<th>Quantity</th>
<th>Units</th>
<th>Unit Cost</th>
<th>Item Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roofing</td>
<td></td>
<td>Sq Ft</td>
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<tr>
<td>Built-in Equipment</td>
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<td>Each</td>
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<tr>
<td>Built-in Security / Communications</td>
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<tr>
<td>Conveyance System</td>
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<td>Each</td>
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<tr>
<td>Wall Covering</td>
<td></td>
<td>Sq Ft</td>
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<tr>
<td>Windows / Skylights</td>
<td></td>
<td>Each</td>
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</tbody>
</table>

### Additional Adjustments

<table>
<thead>
<tr>
<th>Adjustments</th>
<th>Quantity</th>
<th>Unit Cost</th>
<th>Item Cost</th>
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</thead>
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</tbody>
</table>

**Cost Data Reference** (source or name): ________________________________

**Cost Data Date:** ________________________________

**Depreciation Rating:**

- 1. Very Poor Condition
- 2. Requires Extensive Repairs
- 3. Requires Some Repairs
- 4. Average Condition
- 5. Above Average Condition
- 6. Excellent Condition
- 7. Other

Depreciation Percentage (if ‘Other’ selected for Depreciation Rating): ________________________________

Depreciation Explanation (if ‘Other’ selected for Depreciation Rating): ________________________________

________________________
________________________
________________________
## Element Percentages Tab

### Element Percentages

<table>
<thead>
<tr>
<th>Item</th>
<th>% Damaged</th>
<th>Element %</th>
<th>Item Cost</th>
<th>Damage Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation</td>
<td></td>
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</tr>
<tr>
<td>Superstructure</td>
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<tr>
<td>Roof Covering</td>
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<tr>
<td>Plumbing</td>
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<td>Interiors</td>
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<td>HVAC</td>
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