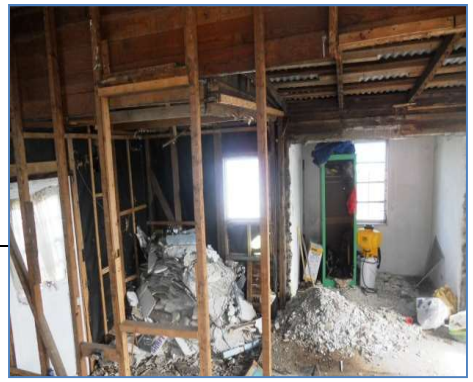
GOVERNMENT OF BERMUDA

Land Valuation Department



Uninhabitable Property Check List

Assessment Number: _____ **Unit Name/Apt #:** _____

Property Address: _____

1) Is the unit wind and water tight? ☐ Yes ☐ No
2) Is the external roof defective? ☐ Yes ☐ No
3) Is the unit structurally sound? ☐ Yes ☐ No
4) Are the walls defective in any way? ☐ Yes ☐ No
5) Are all the windows still intact? ☐ Yes ☐ No
6) Is there power to the unit? ☐ Yes ☐ No
7) Is the electrical wiring still intact? ☐ Yes ☐ No
8) Is there running water in the unit? ☐ Yes ☐ No
9) Does the plumbing still function? ☐ Yes ☐ No
10) Is there a functioning kitchen? ☐ Yes ☐ No
11) Is there a functioning bathroom(s)? ☐ Yes ☐ No
12) Is the unit internally gutted? ☐ Yes ☐ No
13) Is the unit currently in occupation? ☐ Yes ☐ No
14) When was the last time the property was occupied?
(Month/Year)_____
15) What date did the unit become uninhabitable?
(Day/Month/Year) _____
16) Please provide documentation to support the above date.
(Photos, contractors invoices etc):
17) Building Permit # for the works_____

Please provide additional information highlighting specific defects:_____

_____

_____

Signed_____ Print Name_____ Date _____

Contact Details: Tel.:_____ Email: _____