



RESIDENTIAL DWELLING/OTHER STRUCTURE FOR LAND PROPERTY WORKSHEET



The representations contained in this worksheet are made by the owner and are not the representations of the owner's agent or subagent. The worksheet is not a warranty or a guarantee of any kind by the owner or by any agent or subagent representing the owner of the property. This statement is not a substitute for any inspection. Potential purchasers are encouraged to obtain their own professional inspection and should not rely upon the information contained in this worksheet.

Please PRINT clearly in all blanks.

MLS # _____

Listing Address: _____ 5497 Homer Rd _____

Unit/Suite # _____

Listing Agent Name: _____ Chip Carpenter _____

Listing Agent E-mail: chip@ucrealestateandauktion.co

Listing Agent Phone #: _____ 614-206-1135 _____

Extension: _____

Listing Brokerage: Real Estate and Auction Services, L

Listing Brokerage Phone #: _____ 740-965-1208 _____

Extension: _____

RESIDENTIAL DWELLING ON PROPERTY INCLUDES THESE FEATURES. *Please Check ALL that Apply.*

Style			Notes
1	<input type="checkbox"/>	1 Story	N/A
2	<input type="checkbox"/>	2 Story	N/A
3	<input type="checkbox"/>	2 ½ Story	N/A
4	<input type="checkbox"/>	3 Story	N/A
5	<input type="checkbox"/>	Bi-Level	N/A
6	<input type="checkbox"/>	Cape Cod / 1.5 Story	N/A
7	<input type="checkbox"/>	Split – 3 Level	N/A
8	<input type="checkbox"/>	Split – 4 Level	N/A
9	<input type="checkbox"/>	Split – 5 Level +	N/A
10	<input type="checkbox"/>	Other Structure – Please Describe	N/A
Year Built			
11	<input type="checkbox"/>		N/A
Bedroom Total			
12	<input type="checkbox"/>		N/A
Full Baths Total			
13	<input type="checkbox"/>		N/A
Half Baths Total			
14	<input type="checkbox"/>		N/A
Parking Type (1 to 22 required)			
15	<input type="checkbox"/>	1 Car Garage	N/A
16	<input type="checkbox"/>	2 Car Garage	N/A
17	<input type="checkbox"/>	3 Car Garage	N/A
18	<input type="checkbox"/>	4 Car Garage	N/A
19	<input type="checkbox"/>	5 Car Garage\+	N/A
20	<input type="checkbox"/>	Attached Garage	N/A
21	<input type="checkbox"/>	1 Carport	N/A
22	<input type="checkbox"/>	2 Carport	N/A
23	<input type="checkbox"/>	3 Carport\+	N/A
24	<input type="checkbox"/>	1 Off Street	N/A

25	<input type="checkbox"/>	2 Off Street	N/A
Parking Type (1 to 22 required – continued)			
26	<input type="checkbox"/>	Detached Garage	N/A
27	<input type="checkbox"/>	Heated	N/A
28	<input type="checkbox"/>	Opener	N/A
29	<input type="checkbox"/>	Shared Driveway	N/A
30	<input type="checkbox"/>	Side Load	N/A
31	<input type="checkbox"/>	Tandem	N/A
32	<input type="checkbox"/>	On Street	N/A
33	<input type="checkbox"/>	Assigned	N/A
34	<input type="checkbox"/>	Lift	N/A
35	<input type="checkbox"/>	Common Area	N/A
36	<input type="checkbox"/>	Farm Building	Old farm barn and shed
Basement Y/N			
37	<input type="checkbox"/>	Yes	N/A
38	<input type="checkbox"/>	No	N/A
Alternate Uses			
39	<input type="checkbox"/>	Bed & Breakfast	N/A
40	<input type="checkbox"/>	Business Op	N/A
41	<input type="checkbox"/>	Commercial	N/A
42	<input type="checkbox"/>	Farm	N/A
43	<input type="checkbox"/>	Industrial	N/A
44	<input type="checkbox"/>	Multi-Family	N/A
45	<input type="checkbox"/>	Office	N/A
46	<input type="checkbox"/>	Rooming House	N/A
47	<input type="checkbox"/>	Additional Notes	N/A

Signature of Owner(s)

Maria Ann Huff

Date: 04/05/2024 4/1/2024

Signatures of Agent & Broker

Agent *Chip Carpenter*

Broker _____

Date: 04/01/2024 4/1/2024