

BUILDING EXTERIOR INSPECTION REPORT

Property _____ Date _____

Inspected by _____

Area	Condition			Maintenance Required	Estimated Cost
	Good	Fair	Poor		
Front Wall					
Base					
Top					
Surface					
Cleanliness					
Side Walls					
Base					
Top					
Surface					
Cleanliness					
Rear Wall					
Base					
Top					
Surface					
Cleanliness					
Roof					
Flashing					
Surface					
Gutters/Downspouts					
Chimney					
Vents					
Light Fixtures					
Fixtures					
Bulbs					
Switch/Timer					