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**Property Report:**

**Property Contact Information:**

Contact Name: Andrea Kylczek

Contact Phone Number: 716-278-8761

Contact Email Address: andrea.klyczek@niagaracounty.com

**Property Information:**

Property Address: 511 9th Street

Property SBL#: 159.30-3-17

Approximate Year Built: 1911

Approximate Square Footage: 2873

Number of Bedroom: 4

Number of Bath: 1

**Property & Neighborhood Development Summary:**

Please describe below the preferred redevelopment plan and include any noteworthy results the municipality would like NORLIC to take into consideration, i.e. owner occupancy, desired tenant, etc. (Please use additional pages if necessary)

The City of Niagara Falls’ preference is to increase homeownership and neighborhood stability. Should NORLIC not be successful in securing a proposal for a primary resident, the City asks NORLIC to accept the best proposal, one that would focus on market-rate rental payments.

**1. Grounds**

**Grading:**

Grading Slope: Flat

Grading Conditions: Fair

Comments: Click or tap here to enter text.

**Driveway/Sidewalk & Walkways:**

Driveway/Sidewalk material: Concrete

Driveway/Sidewalk Conditions: Poor

Comments: Click or tap here to enter text.

**Vegetation:**

Vegetation Conditions: Fair

Comments: Click or tap here to enter text.

**Retaining Wall:**

Retaining Wall Material: Choose an item.

If other: Click or tap here to enter text.

Retaining Wall Condition: Choose an item.

Comments: Click or tap here to enter text.

Other Conditions: Unknown

Comments: Click or tap here to enter text.

Note: Inspect electrical service conditions while outside.

**2. Exterior**

**Entrance Conditions:**

Front Entrance Type: Covered Porch

If other: Click or tap here to enter text.

Front Entrance Conditions: Poor

Comments: Click or tap here to enter text.

Rear Entrance Type: Uncovered Porch

If other: Click or tap here to enter text.

Rear Entrance Conditions Poor

Comments: Click or tap here to enter text.

**Exterior Walls/Trim:**

Structure Type: Brick/Masonry

If other: Click or tap here to enter text.

Exterior Wall Covering: Brick

If other: Click or tap here to enter text.

Exterior Wall Conditions: Good

Comments: Click or tap here to enter text.

Trim material: Wood

If other: Click or tap here to enter text.

Trim Conditions: Poor

Comments: Click or tap here to enter text.

**Eave/Soffit/Fascia:**

Conditions Poor

Comments: Click or tap here to enter text.

**Windows/Exterior Doors:**

Window Material: Wood

If other: Click or tap here to enter text.

Window Type: Double Hanging

If other: Click or tap here to enter text.

Window Conditions: Poor

Comments: Click or tap here to enter text.

Door Conditions: Poor

Comments: Click or tap here to enter text.

**Exterior Water Spickets:**

Faucet Conditions: Unknown

Comments: Click or tap here to enter text.

**3. Roofing**

**Roof Covering:**

Method of Inspection: Not fully visible

Roof Style: Gable

If other: Click or tap here to enter text.

Roof Covering Material: Other

If other: Shingle

Number of Layers: Undetermined

Roof Condition: Poor

Comments: Click or tap here to enter text.

Flashing Conditions: Poor

Comments: Click or tap here to enter text.

Condition of Roof Penetrations: Poor

Comments: Click or tap here to enter text.

Gutter and Downspout Conditions: Poor

Comments: Click or tap here to enter text.

**Chimney:**

Chimney Material: Brick

If other: Click or tap here to enter text.

Chimney Conditions: Poor

Comment: Click or tap here to enter text.

**Attic:**

Access Location: 2nd floor

Method of Inspection: Entered Attic

Roof Frame Type: Rafters

If other: Click or tap here to enter text.

Roof Frame Condition: Poor

Comments: Click or tap here to enter text.

Ceiling Frame Type: Joists

If other: Click or tap here to enter text.

Ceiling Frame Condition: Poor

Comments: Click or tap here to enter text.

Attic Ventilation Type: Other

If other: unknown

Attic Ventilation Conditions: Choose an item.

Comments: Click or tap here to enter text.

Insulation Type: Rolled Fiberglass

If other: Click or tap here to enter text.

Insulation Conditions: Poor

Comments: Click or tap here to enter text.

Attic Fan Condition Unknown

Comments: Click or tap here to enter text.

Other Attic Conditions: Poor

Comments: Click or tap here to enter text.

**4. Heating/Air**

**Heating:**

Location of Unit unknown

Heating Type: Other

If other: unknown

Energy Source: Other

If other: unknown

Heating Unit Condition: Unknown

Comments: Click or tap here to enter text.

Distribution Type: Other

If other: unknown

Distribution Conditions: Unknown

Comments: Click or tap here to enter text.

Ventilation Conditions Unknown

Comment: Click or tap here to enter text.

Thermostat Condition: Unknown

Comments: Click or tap here to enter text.

**Air Conditioning/Cooling:**

Cooling System Type: Choose an item.

If other: Click or tap here to enter text.

A/C Unit Power: Choose an item.

Unit Conditions: Choose an item.

Comments: Click or tap here to enter text.

A/C Line Conditions: Choose an item.

Comments: Click or tap here to enter text.

**Fireplace:**

Fireplace Location: living room

Fireplace Type: Wood Burning

If other: Click or tap here to enter text.

Fireplace Conditions: Poor

Comments: Click or tap here to enter text.

**5. Electrical**

**Service Drop/Weatherhead:**

Electrical Service Type: Overhead

Electrical Service Material: Choose an item.

Number of Conductors: Choose an item.

Electrical Service Condition: Poor

Comments: Click or tap here to enter text.

Grounding Condition: Choose an item.

Comments: Click or tap here to enter text.

**Main Electrical Panel:**

Main Disconnect Location: At Main Panel

If other: Click or tap here to enter text.

Main Panel Location: basement

Panel Amperage Rating: Other

If other: unknown

Circuit Protection Type: Fuses

If other: Click or tap here to enter text.

Main Panel Conditions Poor

Comments: Click or tap here to enter text.

**Wiring:**

Conductor Type: Other

If other: unknown

Wiring Method: Choose an item.

If other: unknown

Conditions: Choose an item.

Comments: Click or tap here to enter text.

Electrical subpanel(s): unknown

Subpanel Location(s): basement

Subpanel Conditions Poor

Comments: Click or tap here to enter text.

**6. Plumbing**

**Water Main Line:**

Main shutoff Location: basement

Main Line Material: Galvanized

If other: Click or tap here to enter text.

Main Line & Valve Condition Poor

Comments: Click or tap here to enter text.

**Water Supply Lines:**

Supply Line Material: Galvanized

If other: Click or tap here to enter text.

Supply Line Conditions Poor

Comments: Click or tap here to enter text.

**Drain/Waste Lines:**

Drain Line Material: Galvanized

Drain Line Conditions Choose an item.

Comments: Click or tap here to enter text.

**Plumbing Vent System:**

Plumbing Vent Pipe Material: Galvanized

Plumbing Vent Conditions: Poor

Comments: Click or tap here to enter text.

**Gas/Oil Fuel Systems:**

Main Shutoff Location: unknown

Fuel Line Material: Black Steel

If other: Click or tap here to enter text.

Fuel Line Conditions Poor

Comments: Click or tap here to enter text.

Fuel Storage Tank Condition Choose an item.

Comments: unknown

**Water Heater(s):**

Water Heater Type: Other

If other:

Water Heater Location: missing

Capacity: Click or tap here to enter text. Gallons

Water Heater Conditions: Choose an item.

Comments: Click or tap here to enter text.

**7. Interiors:**

**Interior Walls/Ceilings/Floors:**

Wall Conditions: Poor

Comments: Click or tap here to enter text.

Ceiling Conditions: Poor

Comments: Click or tap here to enter text.

Floor Conditions Poor

Comments: Click or tap here to enter text.

Closet Conditions Poor

Comments: Click or tap here to enter text.

Heating Source Conditions Unknown

Comments: Click or tap here to enter text.

**Windows/Doors:**

Interior Window Conditions Poor

Comments: Click or tap here to enter text.

Interior Door Conditions Poor

Comments: Click or tap here to enter text.

**Interiors Electrical Conditions:**

Electrical Conditions Unknown

Comments: Click or tap here to enter text.

Lighting Conditions Unknown

Comments: Click or tap here to enter text.

Ceiling Fan Conditions Unknown

Comments: Click or tap here to enter text.

Smoke Detectors Present? No

Comments: Click or tap here to enter text.

**8. Kitchen**

**Walls/Ceilings/Floors:**

Wall Conditions Poor

Comments: Click or tap here to enter text.

Ceiling Conditions Poor

Comments: Click or tap here to enter text.

Floor Conditions Poor

Comments: Click or tap here to enter text.

Closet Conditions Poor

Comments: Click or tap here to enter text.

Heating Source Conditions Unknown

Comments: Click or tap here to enter text.

**Windows/Doors:**

Kitchen Window Conditions Poor

Comments: Click or tap here to enter text.

Kitchen Door Conditions Poor

Comments: Click or tap here to enter text.

**Kitchen Electrical Conditions:**

Electrical Conditions Unknown

Comments: Click or tap here to enter text.

Lighting Conditions Unknown

Comments: Click or tap here to enter text.

Ceiling Fan Conditions Unknown

Comments: Click or tap here to enter text.

**Sink/Counter Tops/Cabinets:**

Counter Condition Poor

Comments: Click or tap here to enter text.

Cabinet Conditions Poor

Comments: Click or tap here to enter text.

Sink Plumbing Conditions Poor

Comments: Click or tap here to enter text.

Sink Faucet Condition Poor

Comments: Click or tap here to enter text.

Garbage Disposal Condition Unknown

Comments: Click or tap here to enter text.

**Appliances:**

Stove/Range Type: Choose an item.

Stove/Range Conditions Choose an item.

Comments: unknown

Hood/Fan Condition Choose an item.

Comments: unknown

Dishwasher Condition Unknown

Comments: Click or tap here to enter text.

Refrigerator Condition Unknown

Comments: Click or tap here to enter text.

**9. Bath(s):**

**Walls/Ceilings/Floors:**

Wall Conditions Poor

Comments: Click or tap here to enter text.

Ceiling Conditions Poor

Comments: Click or tap here to enter text.

Floor Conditions Poor

Comments: Click or tap here to enter text.

Closet Conditions Poor

Comments: Click or tap here to enter text.

Heating Source Conditions Poor

Comments: Click or tap here to enter text.

**Windows/Doors:**

Window Conditions Poor

Comments: Click or tap here to enter text.

Door Conditions Poor

Comments: Click or tap here to enter text.

**Bathroom Electrical Conditions:**

Electrical Conditions Poor

Comments: Click or tap here to enter text.

Lighting Conditions Unknown

Comments: Click or tap here to enter text.

Ventilation Fan Conditions Unknown

Comments: Click or tap here to enter text.

**Sink/Plumbing:**

Counter/Cabinet Conditions Poor

Comments: Click or tap here to enter text.

Sink Drain Conditions Poor

Comments: Click or tap here to enter text.

Faucet Conditions Poor

Comments: Click or tap here to enter text.

**Shower/Tub/Toilet:**

Shower Enclosure Condition: Poor

Comments: Click or tap here to enter text.

Tub Condition: Poor

Comments: Click or tap here to enter text.

Bath Faucet Condition: Poor

Comments: Click or tap here to enter text.

Toilet Condition: Poor

Comments: Click or tap here to enter text.

**10. Basement:**

**Basement Walls/Ceilings/Floors:**

Wall Conditions: Poor

Comments: Click or tap here to enter text.

Ceiling Conditions: Fair

Comments: Click or tap here to enter text.

Floor Conditions: Fair

Comments: Click or tap here to enter text.

Closet Conditions: Unknown

Comments: Click or tap here to enter text.

Heating Source Conditions: Unknown

Comments: Click or tap here to enter text.

**Windows/Doors:**

Window Conditions: Poor

Comments: Click or tap here to enter text.

Door Conditions: Poor

Comments: Click or tap here to enter text.

**Electrical Conditions:**

Electrical Conditions: Unknown

Comments: Click or tap here to enter text.

Sump Pump Conditions: Unknown

Comments: Click or tap here to enter text.

Other Basement Conditions: Fair

Comments: Click or tap here to enter text.

**11. Garage/Laundry:**

**Garage:**

Garage Type: Deatached Unfinished

Exterior Siding Condition (if detached): Poor

Comments: Click or tap here to enter text.

Roofing Condition (if detached): Poor

Comments: Click or tap here to enter text.

**Garage Interiors:**

Wall Conditions: Poor

Comments: Click or tap here to enter text.

Ceiling Conditions: Poor

Comments: Click or tap here to enter text.

Floor Conditions: Poor

Comments: Click or tap here to enter text.

Window Conditions: Poor

Comments: Click or tap here to enter text.

Door Conditions: Poor

Comments: Click or tap here to enter text.

Electrical/Lighting Conditions Unknown

Comments: Click or tap here to enter text.

**Garage Vehicle Door:**

Vehicle Door Condition Poor

Comments: Click or tap here to enter text.

Automatic Door Opener Condition Unknown

Comments: Click or tap here to enter text.

**Laundry Room:**

Laundry Room Conditions Unknown

Comments: Click or tap here to enter text.

**12. Foundation/Crawl Space:**

**Foundation:**

Access Method: No Access

Access Condition: Choose an item.

Comments: Click or tap here to enter text.

Foundation Type: Basement

Foundation Material: Stone

Foundation Conditions Fair

Comments: Click or tap here to enter text.

Column Type: Choose an item.

Column Conditions Choose an item.

Comments: Click or tap here to enter text.

Ventilation Conditions Unknown

Comments: Click or tap here to enter text.

**Flooring/Structure:**

Flooring Support Type: Joists

Flooring Support Conditions Unknown

Comments: Click or tap here to enter text.

**Crawl Space Insulation/Vapor Barrier:**

Insulation Conditions Poor

Comments: Click or tap here to enter text.

Vapor Barrier Conditions Unknown

Comments: Click or tap here to enter text.

Other Crawl Space Conditions: Poor

Comments: Click or tap here to enter text.