



## **Property Report:**

### **Property Contact Information:**

Contact Name: Andrea Klyczek  
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### **Property Information:**

Property Address: 101 Fredericka Street

Property SBL#: 181.36-1-74

Approximate Year Built: 1900

Approximate Square Footage: 1000

Number of Bedroom: 2

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)

101 Fredericka Street is a single dwelling (non-conforming use) in an M2 zone. Due to the extended vacancy the non-conforming use is no longer available. The property can only be used in an appropriate manner for its M2 zoning.

## **1. Grounds**

### **Grading:**

Grading Slope: Flat  
Grading Conditions: Good  
Comments: Property has some overgrowth

**Driveway/Sidewalk & Walkways:**

Driveway/Sidewalk material: Concrete

Driveway/Sidewalk Conditions: Fair

Comments: There is no driveway or garage on the property

**Vegetation:**

Vegetation Conditions: Fair

Comments: overgrowth of grass and bushes.

**Retaining Wall:**

Retaining Wall Material: Choose an item.

If other: NA

Retaining Wall Condition: Choose an item.

Comments: NA

Other Conditions: Choose an item.

Comments: Click or tap here to enter text.

Note: Inspect electrical service conditions while outside.

## **2. Exterior**

**Entrance Conditions:**

Front Entrance Type: Uncovered 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: Deck

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: Wood Frame

If other: Click or tap here to enter text.

Exterior Wall Covering: Vinyl

If other: [Click or tap here to enter text.](#)

Exterior Wall Conditions: Poor

Comments: [Click or tap here to enter text.](#)

Trim material: Other

If other: [Aluminum](#)

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: Vinyl

If other: [Aluminum and vinyl windows](#)

Window Type: Double Hanging

If other: [Click or tap here to enter text.](#)

Window Conditions: Fair

Comments: [Click or tap here to enter text.](#)

Door Conditions: Poor

Comments: [Click or tap here to enter text.](#)

**Exterior Water Spickets:**

Faucet Conditions: Fair

Comments: [Click or tap here to enter text.](#)

## **3. Roofing**

**Roof Covering:**

Method of Inspection: Choose an item.

Roof Style: Hip

If other: [Click or tap here to enter text.](#)

Roof Covering Material: Other

If other: [Asphalt](#)

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: Other

If other: Metal

Chimney Conditions: Fair

Comment: [Click or tap here to enter text.](#)

**Attic:**

Access Location: Did not enter the building

Method of Inspection: Choose an item.

Roof Frame Type: Choose an item.

If other: [Click or tap here to enter text.](#)

Roof Frame Condition: Choose an item.

Comments: [Click or tap here to enter text.](#)

Ceiling Frame Type: Choose an item.

If other: [Click or tap here to enter text.](#)

Ceiling Frame Condition: Choose an item.

Comments: [Click or tap here to enter text.](#)

Attic Ventilation Type: Choose an item.

If other: [Click or tap here to enter text.](#)

Attic Ventilation Conditions: Choose an item.

Comments: [Click or tap here to enter text.](#)

Insulation Type: Choose an item.

If other: [Click or tap here to enter text.](#)

**Insulation Conditions:** Choose an item.  
Comments: [Click or tap here to enter text.](#)

**Attic Fan Condition** Choose an item.  
Comments: [Click or tap here to enter text.](#)

**Other Attic Conditions:** Choose an item.  
Comments: [Click or tap here to enter text.](#)

## **4. Heating/Air**

### **Heating:**

**Location of Unit** [Click or tap here to enter text.](#)

**Heating Type: Boiler**  
If other: [Click or tap here to enter text.](#)

**Energy Source: Natural Gas**  
If other: [Click or tap here to enter text.](#)

**Heating Unit Condition: Unknown**  
Comments: [Click or tap here to enter text.](#)

**Distribution Type: Radiators**  
If other: [Click or tap here to enter text.](#)

**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: NA

**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: NA

Fireplace Type: Choose an item.  
If other: [Click or tap here to enter text.](#)

Fireplace Conditions: Choose an item.  
Comments: [Click or tap here to enter text.](#)

## **5. Electrical**

**Service Drop/Weatherhead:**

Electrical Service Type: Overhead  
Electrical Service Material: Aluminum

Number of Conductors: 3

Electrical Service Condition: Poor  
Comments: [Click or tap here to enter text.](#)

Grounding Condition: Poor  
Comments: [Click or tap here to enter text.](#)

**Main Electrical Panel:**

Main Disconnect Location: Choose an item.  
If other: Did not enter building

Main Panel Location: [Click or tap here to enter text.](#)

Panel Amperage Rating: Choose an item.  
If other: [Click or tap here to enter text.](#)

Circuit Protection Type: Choose an item.  
If other: [Click or tap here to enter text.](#)

Main Panel Conditions Choose an item.  
Comments: [Click or tap here to enter text.](#)

**Wiring:**

Conductor Type: Choose an item.  
If other: [Click or tap here to enter text.](#)

Wiring Method: Choose an item.  
If other: [Click or tap here to enter text.](#)

Conditions: Choose an item.  
Comments: [Click or tap here to enter text.](#)

Electrical subpanel(s): [Click or tap here to enter text.](#)

Subpanel Location(s): [Click or tap here to enter text.](#)

Subpanel Conditions Choose an item.  
Comments: [Click or tap here to enter text.](#)

## **6. Plumbing**

### **Water Main Line:**

Main shutoff Location: [Click or tap here to enter text.](#)

Main Line Material: Choose an item.  
If other: Unknown

Main Line & Valve Condition Unknown  
Comments: [Click or tap here to enter text.](#)

### **Water Supply Lines:**

Supply Line Material: Choose an item.  
If other: Did not enter building

Supply Line Conditions Choose an item.  
Comments: [Click or tap here to enter text.](#)

### **Drain/Waste Lines:**

Drain Line Material: Plastic/PVC, Galvanized, Lead, Copper

Drain Line Conditions Unknown  
Comments: [Click or tap here to enter text.](#)

### **Plumbing Vent System:**

Plumbing Vent Pipe Material: Choose an item.

Plumbing Vent Conditions: Unknown  
Comments: [Click or tap here to enter text.](#)

### **Gas/Oil Fuel Systems:**

Main Shutoff Location: Click or tap here to enter text.

Fuel Line Material: Choose an item.

If other: Did not enter building

Fuel Line Conditions Unknown

Comments: Click or tap here to enter text.

Fuel Storage Tank Condition Choose an item.

Comments: NA

### **Water Heater(s):**

Water Heater Type: Gas

If other: Click or tap here to enter text.

Water Heater Location: Click or tap here to enter text.

Capacity: Click or tap here to enter text. Gallons

Water Heater Conditions: Choose an item.

Comments: Did not enter building

## **7. Interiors:**

### **Interior Walls/Ceilings/Floors:**

Wall Conditions: Choose an item.

Comments: Click or tap here to enter text.

Ceiling Conditions: Choose an item.

Comments: Click or tap here to enter text.

Floor Conditions Choose an item.

Comments: Click or tap here to enter text.

Closet Conditions Choose an item.

Comments: Click or tap here to enter text.

Heating Source Conditions Choose an item.

Comments: Click or tap here to enter text.

### **Windows/Doors:**

Interior Window Conditions Choose an item.

Comments: Click or tap here to enter text.



Interior Door Conditions Choose an item.  
Comments: [Click or tap here to enter text.](#)

**Interiors Electrical Conditions:**

Electrical Conditions Choose an item.  
Comments: [Click or tap here to enter text.](#)

Lighting Conditions Choose an item.  
Comments: [Click or tap here to enter text.](#)

Ceiling Fan Conditions Choose an item.  
Comments: [Click or tap here to enter text.](#)

Smoke Detectors Present? Choose an item.  
Comments: [Click or tap here to enter text.](#)

## **8. Kitchen**

**Walls/Ceilings/Floors:**

Wall Conditions Choose an item.  
Comments: [Click or tap here to enter text.](#)

Ceiling Conditions Choose an item.  
Comments: [Click or tap here to enter text.](#)

Floor Conditions Choose an item.  
Comments: [Click or tap here to enter text.](#)

Closet Conditions Choose an item.  
Comments: [Click or tap here to enter text.](#)

Heating Source Conditions Choose an item.  
Comments: [Click or tap here to enter text.](#)

**Windows/Doors:**

Kitchen Window Conditions Choose an item.  
Comments: [Click or tap here to enter text.](#)

Kitchen Door Conditions Choose an item.  
Comments: [Click or tap here to enter text.](#)

**Kitchen Electrical Conditions:**

Electrical Conditions Choose an item.  
Comments: [Click or tap here to enter text.](#)

Lighting Conditions Choose an item.  
Comments: [Click or tap here to enter text.](#)

Ceiling Fan Conditions Choose an item.  
Comments: [Click or tap here to enter text.](#)

### **Sink/Counter Tops/Cabinets:**

Counter Condition Choose an item.  
Comments: [Click or tap here to enter text.](#)

Cabinet Conditions Choose an item.  
Comments: [Click or tap here to enter text.](#)

Sink Plumbing Conditions Choose an item.  
Comments: [Click or tap here to enter text.](#)

Sink Faucet Condition Choose an item.  
Comments: [Click or tap here to enter text.](#)

Garbage Disposal Condition Choose an item.  
Comments: [Click or tap here to enter text.](#)

### **Appliances:**

Stove/Range Type: Choose an item.

Stove/Range Conditions Choose an item.  
Comments: [Click or tap here to enter text.](#)

Hood/Fan Condition Choose an item.  
Comments: [Click or tap here to enter text.](#)

Dishwasher Condition Choose an item.  
Comments: [Click or tap here to enter text.](#)

Refrigerator Condition Choose an item.  
Comments: [Click or tap here to enter text.](#)

## **9. Bath(s):**

### **Walls/Ceilings/Floors:**

Wall Conditions Choose an item.  
Comments: [Click or tap here to enter text.](#)

**Ceiling Conditions** Choose an item.  
Comments: [Click or tap here to enter text.](#)

**Floor Conditions** Choose an item.  
Comments: [Click or tap here to enter text.](#)

**Closet Conditions** Choose an item.  
Comments: [Click or tap here to enter text.](#)

**Heating Source Conditions** Choose an item.  
Comments: [Click or tap here to enter text.](#)

**Windows/Doors:**

**Window Conditions** Choose an item.  
Comments: [Click or tap here to enter text.](#)

**Door Conditions** Choose an item.  
Comments: [Click or tap here to enter text.](#)

**Bathroom Electrical Conditions:**

**Electrical Conditions** Choose an item.  
Comments: [Click or tap here to enter text.](#)

**Lighting Conditions** Choose an item.  
Comments: [Click or tap here to enter text.](#)

**Ventilation Fan Conditions** Choose an item.  
Comments: [Click or tap here to enter text.](#)

**Sink/Plumbing:**

**Counter/Cabinet Conditions** Choose an item.  
Comments: [Click or tap here to enter text.](#)

**Sink Drain Conditions** Choose an item.  
Comments: [Click or tap here to enter text.](#)

**Faucet Conditions** Choose an item.  
Comments: [Click or tap here to enter text.](#)

**Shower/Tub/Toilet:**

**Shower Enclosure Condition:** Choose an item.  
Comments: [Click or tap here to enter text.](#)

**Tub Condition:** Choose an item.

Comments: [Click or tap here to enter text.](#)

**Bath Faucet Condition:** Choose an item.

Comments: [Click or tap here to enter text.](#)

**Toilet Condition:** Choose an item.

Comments: [Click or tap here to enter text.](#)

## **10. Basement:**

### **Basement Walls/Ceilings/Floors:**

**Wall Conditions:** Choose an item.

Comments: [No basement](#)

**Ceiling Conditions:** Choose an item.

Comments: [Click or tap here to enter text.](#)

**Floor Conditions:** Choose an item.

Comments: [Click or tap here to enter text.](#)

**Closet Conditions:** Choose an item.

Comments: [Click or tap here to enter text.](#)

**Heating Source Conditions:** Choose an item.

Comments: [Click or tap here to enter text.](#)

### **Windows/Doors:**

**Window Conditions:** Choose an item.

Comments: [Click or tap here to enter text.](#)

**Door Conditions:** Choose an item.

Comments: [Click or tap here to enter text.](#)

### **Electrical Conditions:**

**Electrical Conditions:** Choose an item.

Comments: [Click or tap here to enter text.](#)

**Sump Pump Conditions:** Choose an item.

Comments: [Click or tap here to enter text.](#)

**Other Basement Conditions:** Choose an item.

Comments: [Click or tap here to enter text.](#)

## **11. Garage/Laundry:**

### **Garage:**

Garage Type: No Garage

Exterior Siding Condition (if detached): Choose an item.

Comments: [Click or tap here to enter text.](#)

Roofing Condition (if detached): Choose an item.

Comments: [Click or tap here to enter text.](#)

### **Garage Interiors:**

Wall Conditions: Choose an item.

Comments: [Click or tap here to enter text.](#)

Ceiling Conditions: Choose an item.

Comments: [Click or tap here to enter text.](#)

Floor Conditions: Choose an item.

Comments: [Click or tap here to enter text.](#)

Window Conditions: Choose an item.

Comments: [Click or tap here to enter text.](#)

Door Conditions: Choose an item.

Comments: [Click or tap here to enter text.](#)

Electrical/Lighting Conditions Choose an item.

Comments: [Click or tap here to enter text.](#)

### **Garage Vehicle Door:**

Vehicle Door Condition Choose an item.

Comments: [Click or tap here to enter text.](#)

Automatic Door Opener Condition Choose an item.

Comments: [Click or tap here to enter text.](#)

### **Laundry Room:**

Laundry Room Conditions Choose an item.

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: Crawl Space

Foundation Material: Wood

Foundation Conditions Poor

Comments: [Click or tap here to enter text.](#)

Column Type: Wood

Column Conditions Choose an item.

Comments: [Click or tap here to enter text.](#)

Ventilation Conditions Choose an item.

Comments: [Click or tap here to enter text.](#)

### **Flooring/Structure:**

Flooring Support Type: Choose an item.

Flooring Support Conditions Choose an item.

Comments: [Click or tap here to enter text.](#)

### **Crawl Space Insulation/Vapor Barrier:**

Insulation Conditions Choose an item.

Comments: [Click or tap here to enter text.](#)

Vapor Barrier Conditions Choose an item.

Comments: [Click or tap here to enter text.](#)

Other Crawl Space Conditions: Choose an item.

Comments: [Click or tap here to enter text.](#)