

Roll:

Survey Key:

Apt. Condo - Request for Information

Owner Name:

Property Address:

Daytime Phone Number: _____ - _____ - _____

Email Address:

1. Please check whether the unit is Owner Occupied or Rented:

Rented Owner Occupied

2. Has your building had a special assessment (i.e. cash call) in the past 5 years?

Yes No

If yes then please supply details.

EXTERIOR

3. Which of the following does the property have?

	Dimensions
<input type="checkbox"/> No deck or patio	_____
<input type="checkbox"/> Open (uncovered) deck / patio	_____
<input type="checkbox"/> Covered deck	_____
<input type="checkbox"/> Enclosed deck / Sunroom	_____
<input type="checkbox"/> Stone / brick / concrete patio	_____
<input type="checkbox"/> Solarium	_____
<input type="checkbox"/> Balcony	_____
<input type="checkbox"/> Other _____	_____

4. Describe other buildings on property:

	Attached	Detached
<input type="checkbox"/> No carport / garage		
<input type="checkbox"/> Garage	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Carport	<input type="checkbox"/>	<input type="checkbox"/>

5. Describe Parking

	# of stalls	On separate title
Underground		<input type="checkbox"/>
Surface stall	_____	<input type="checkbox"/>

INTERIOR

6. Which best describes the kitchen countertops:

Laminate / arborite or similar (usually has visible seams)

Granite, marble or similar (usually has no visible seams)

Other _____

7. Which best describes the kitchen cabinets:

	Solid	Veneer
<input type="checkbox"/> Hardwood (eg Oak, Maple)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Melamine (white)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>

8. How many bedrooms/dens/lofts are in the unit?

Bachelor

1 bedroom

2 bedrooms

3 bedrooms

4 bedrooms

1 den

1 loft

Other _____

9. Does the unit have any of the following? Check all which apply:

In-suite laundry

Air conditioning

1 fireplace

2 or more fireplaces

Patio

1 balcony

2 or more balconies

Enclosed balcony

Storage unit (shed, underground, etc.)

10. Please describe your bathroom(s). Check all boxes that apply.

	1st Bathroom	2nd Bathroom	3rd Bathroom
Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower Stall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jetted Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RENOVATIONS / UPGRADES

11. Please check all renovations that apply to the unit only:

	Not been done	Within last 5 years	Within last 10 years
Flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen Cabinets / Counters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows / Balcony door(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balcony / Patio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. All the information provided is true and accurate to the best of my knowledge.

Signature _____ Date _____

Property information is collected under the authority of Section 295 (1) and (4) of the Municipal Government Act (MGA).
Personal information is collected under the authority of Section 33 (a) and (c) of the Freedom of Information and Protection of
Privacy (FOIP) Act. If you have questions, please contact our office at 1.888.419.2128 or <https://www.kcl-consulting.com/inquiry-form/>