



Assessment Date: _____
Completed By: _____

## CENTRAL BUSINESS DISTRICT PROPERTY ASSESSMENT

Property Address: \_\_\_\_\_

Number of Commercial Units: \_\_\_\_\_

permitted land use/active business license?	no	yes	_____
active storefront?	no	yes	_____
if not active, is storefront listed for lease/sale?	no	yes	_____

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Residential Units: \_\_\_\_\_

if no residential, is there an opportunity to add units?                      no                      yes                      unknown

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Water Meters: \_\_\_\_\_

Building/Site Conditions					NOTES
façade	poor	fair	good	excellent	_____
sidewalks	poor	fair	good	excellent	_____
vestibules	poor	fair	good	excellent	_____
windows	poor	fair	good	excellent	_____
signage	poor	fair	good	excellent	_____
exterior paint	poor	fair	good	excellent	_____

Outdoor display? Furniture? Planters? \_\_\_\_\_

Posted Business Hours?                      M T W Th F S S                      \_\_\_\_\_

\_\_\_\_\_