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| (11) LOT SIZE: _____ Sq. Ft. | (20) NEIGHBORHOOD 1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Typical 4. <input type="checkbox"/> Better 5. <input type="checkbox"/> Best | (27) FOUNDATION 1. <input type="checkbox"/> Slab 2. <input type="checkbox"/> Concrete Block 3. <input type="checkbox"/> Poured Concrete 4. <input type="checkbox"/> Post and Pier 5. <input type="checkbox"/> Brick/Stone 6. <input type="checkbox"/> Other | (37) BATHROOMS 1. <input type="checkbox"/> Full _____ 2. <input type="checkbox"/> Half _____ |
| (12) FRONTAGE: _____ Ln. Ft. | (21) SITE CONDITION 1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Good 5. <input type="checkbox"/> Excellent | (28) BASEMENT TYPE 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Sunken 3. <input type="checkbox"/> Walkout | (38) BEDROOMS |
| (13) ACREAGE: _____ Acres | (22) RESIDENCE COND. 1. <input type="checkbox"/> Unlivable 2. <input type="checkbox"/> Poor 3. <input type="checkbox"/> Fair 4. <input type="checkbox"/> Good 5. <input type="checkbox"/> Very Good 6. <input type="checkbox"/> New 7. <input type="checkbox"/> Vacant | (29) BASEMENT FINISH _____ % | (39) TOTAL ROOMS |
| SOURCE: _____ Owner: _____ Deed: _____ Calculated: _____ | (14) STREET/ROAD 1. <input type="checkbox"/> 2 Lane 2. <input type="checkbox"/> Secondary 3. <input type="checkbox"/> Multi-Lane 4. <input type="checkbox"/> Gravel 5. <input type="checkbox"/> Unimproved 6. <input type="checkbox"/> Private | (30) ROOF COVER 1. <input type="checkbox"/> Comp. Shingles 2. _____ | (40) FIREPLACES |
| (15) DRIVEWAY 1. <input type="checkbox"/> Paved 2. <input type="checkbox"/> Gravel 3. <input type="checkbox"/> Unimproved | (23) CONSTR. QUALITY 1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Economy 3. <input type="checkbox"/> Standard 4. <input type="checkbox"/> Custom 5. <input type="checkbox"/> Luxury | (31) ROOF TYPE 1. <input type="checkbox"/> Gable 2. <input type="checkbox"/> Hip 3. <input type="checkbox"/> Gambrel 4. <input type="checkbox"/> Mansard 5. <input type="checkbox"/> Shed 6. _____ | (41) HEAT TYPE/SOURCE 1. <input type="checkbox"/> Forced Air 2. <input type="checkbox"/> Floor Furnace 3. <input type="checkbox"/> Radiant/Wall 4. <input type="checkbox"/> Hot Wtr./Steam 5. <input type="checkbox"/> Heat Pump 6. <input type="checkbox"/> Stove/Space Htr. 7. <input type="checkbox"/> Natural Gas 8. <input type="checkbox"/> Electric 9. <input type="checkbox"/> Bottled Gas 10. <input type="checkbox"/> Coal 11. <input type="checkbox"/> Oil 12. <input type="checkbox"/> Wood 13. <input type="checkbox"/> None 14. _____ |
| (16) FLOOD HAZARD 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Slight 3. <input type="checkbox"/> Severe 4. _____ | (24) RESIDENCE TYPE 1. <input type="checkbox"/> Single Family 2. <input type="checkbox"/> Condominium 3. <input type="checkbox"/> Townhouse 4. <input type="checkbox"/> Duplex 5. <input type="checkbox"/> Seasonal Cottage 6. _____ | (32) GARAGE TYPE 1. <input type="checkbox"/> Carport 2. <input type="checkbox"/> Detached 3. <input type="checkbox"/> Attached 4. <input type="checkbox"/> Basement 5. <input type="checkbox"/> None | (42) AIR CONDITION 1. <input type="checkbox"/> Central 2. <input type="checkbox"/> Wall Units 3. <input type="checkbox"/> None |
| (17) PUBLIC UTILITIES 1. <input type="checkbox"/> City Water 2. <input type="checkbox"/> Natural Gas 3. <input type="checkbox"/> Water & Gas 4. <input type="checkbox"/> Water & Sewer 5. <input type="checkbox"/> All Three 6. <input type="checkbox"/> None 7. _____ | (25) STRUCTURE 1. <input type="checkbox"/> 1 Story 2. <input type="checkbox"/> 1½ Story 3. <input type="checkbox"/> 2 Story 4. <input type="checkbox"/> Split Level 5. <input type="checkbox"/> Split Foyer 6. _____ | (33) GARAGE EXTERIOR 1. <input type="checkbox"/> Concrete Block 2. <input type="checkbox"/> Wood 3. <input type="checkbox"/> Aluminum/Vinyl 4. <input type="checkbox"/> Brick/Stone 6. _____ | (43) TENNIS COURT 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Double 3. <input type="checkbox"/> Lighted |
| (18) SIDEWALKS 1. <input type="checkbox"/> Rural 2. <input type="checkbox"/> Yes 3. <input type="checkbox"/> No | (26) EXTERIOR 1. <input type="checkbox"/> Frame 2. <input type="checkbox"/> Frame/Brick 3. <input type="checkbox"/> Brick Veneer 4. <input type="checkbox"/> Cut Stone 5. <input type="checkbox"/> Log 6. <input type="checkbox"/> Stucco 7. <input type="checkbox"/> Aluminum/Vinyl 8. <input type="checkbox"/> Masonite 9. <input type="checkbox"/> Concrete Block 10. <input type="checkbox"/> Fieldstone 11. <input type="checkbox"/> Composition 12. _____ | (34) GARAGE SIZE 1. <input type="checkbox"/> 1 Car 2. <input type="checkbox"/> 2 Car 3. _____ | (44) POOL 1. <input type="checkbox"/> In-Ground 2. <input type="checkbox"/> Above-Ground 3. _____ |
| (19) TOPOGRAPHY 1. <input type="checkbox"/> Level 2. <input type="checkbox"/> Rolling 3. <input type="checkbox"/> Sleep | (35) PATIO/DECK 1. <input type="checkbox"/> Open 2. <input type="checkbox"/> Covered 3. <input type="checkbox"/> Screened 4. <input type="checkbox"/> Classed 5. <input type="checkbox"/> None | (45) POOL SIZE Sq. Ft. _____ by _____ Diameter | (46) EXCEPTIONAL IMP. |

Name: _____
Property Address: _____
Mailing Address: _____
Phone #: _____
Date: _____
Taxpayers Estimate of Value: _____
Improvements: _____
Total Value of Property: _____
Please return completed form to:
Fleming County PVA Office
100 Court Square Rm B110
Flemingsburg, KY 41041
Phone: (606) 845-1401 Fax: (606) 845-1602
Email Address: MicheleF.Butler@ky.gov

| Section | Width X Length | Area | Total |
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Major Alterations or Additions: _____ Date: _____

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|-------------------------|----------------------|--------------------|---------------------|--------------------------|
| (47) LIVING AREA | (48) BASEMENT | (49) GARAGE | (50) PORCHES | (51) PATIOS/DECKS |
|-------------------------|----------------------|--------------------|---------------------|--------------------------|

BUILDING INFORMATION

| Operation/Information | Structure 1 | Structure 2 | Structure 3 | Structure 4 | Structure 5 | Structure 6 | Structure 7 |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Occupancy, Use or Structure Type* | | | | | | | |
| Year Built (state if estimated) | | | | | | | |
| Dimensions: _____ x _____ | | | | | | | |
| Story Height & Number of Stories | | | | | | | |
| Construction Type A. Wood Frame B. Masonry C. Pre-engineered Steel Frame D. Pole Frame | | | | | | | |
| Exterior Wall Material | | | | | | | |
| Roof Material | | | | | | | |
| Roof Pitch (Flat, Low, Med, High) | | | | | | | |
| Floor Type | | | | | | | |
| Heating Type | | | | | | | |
| Cooling Type | | | | | | | |
| Water (Yes or No) | | | | | | | |
| Baths (Number) | | | | | | | |
| Electricity (Yes or No) | | | | | | | |
| Driving &/or Parking (gravel or paved) | | | | | | | |
| Taxpayers Estimate of Value | | | | | | | |

NOTES:

*If more than one occupancy per structure, please list separately.