

BUILDING SURVEY

Owner / Contact:		Survey Date:	
Business Name		Bus Type	
Address		Office:	
City:	State	Zip	Fax:
Bus. Description		Cell:	
Interviewed By:		Building Age:	

Building Information										
Building Use:	Manufacturer: Retail: Whse: Office: Other:									
Building Size:	Dimensions:			Square Footage:						
Ceiling:	Height:		Type:		Color-(L-M-Dark)					
Wall:	Height:		Type:		Color-(L-M-Dark)					
Office Ceiling	Height:		Type:		Framing Type:					
Energy Consumption										
Current Light Level:	Low / Medium / High:				Foot Candles:					
Hours/Days Bldg. Use:	___am. to pm. ___		Hours/Day:			Days/Week:				
Light Fixtures: Input Watts/Fixture:	Qty.		Qty.		Qty.		Qty.		ALC	
	Type:		Type:		Type:		Type:		Motion	
	Watts		Watts		Watts		Watts			
Avg. Utility Rate/Kwh:	\$0. ___per kwh				Demand Charge:					
Utility Rebate Avail.?	Type:				Supplier:					
Utility Schedule:										
Roof Information										
Approx. Age:	Slope:		Access:			Asbestos:		Yes	No	
Roof Surface Type	Gravel BUR		Smooth BUR		Single Ply		Type:			
Type of Roof Deck:	Steel		Wood		Concrete		Other			
Type of Insulation:	Above Deck				Below Deck					
Support Beams:	Spacing: ___ Feet on center				Attic Depth:					
Rafter Type:	Spacing: ___ inches on center				Rafter Size:					
Windows (sq. ft.):	North:		South:		East:		West:			
Financial										
Capitalize	Lease Purchase		Finance		Depreciation?		Y/N			
Federal Tax Credit	%				State Tax Credit			%		
Return On Investment	IRR:		Pay Back Period:		Annual Budget:		Other			
Roofing Budget?	\$ Anually		Service Contract		Bundle Roofing?					
Special Comments:										