

RESIDENTIAL PROPERTY DISCLOSURE STATEMENT
THIS IS NOT A WARRANTY OF THE CONDITION OF THE PROPERTY

OWNER(S): Complete and sign this statement only if you elect to disclose defects in the conditions of the property actually known by you; otherwise, sign the **RESIDENTIAL PROPERTY DISCLAIMER STATEMENT**.

Property Address/Legal Description:

How long have you owned the property? _____ **Dates lived in property?** _____

Property Systems: Water, Sewage, Heating & Air Conditioning (Answer all that apply)

Water Supply Public Well Other _____
Sewage Disposal Public Septic System approved for _____ (#) BR
Garbage Disposal Yes No Dishwasher Yes No
Heating Oil Natural Gas Electric Heat Pump Age _____ Other _____
Air Conditioning Oil Natural Gas Electric Heat Pump Age _____ Other _____
Hot Water Oil Natural Gas Electric Capacity _____ Age _____ Other _____

Please indicate your actual knowledge with respect to the following:

- | | |
|---|--|
| <p>1. Structural Systems, including Roof, Walls, Floors, Foundation and any Basement: Any known defects (structural or otherwise)?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Comments: _____</p> <p>2. Basement: Any leaks or evidence of moisture?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Does Not Apply
Comments: _____</p> <p>3. Roof: Any leaks or evidence of moisture?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Type of roof: _____ Age _____
Is there any existing fire retardant treated (FRT) plywood?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Does Not Apply
Comments: _____</p> <p>4. Fireplace/Chimney(s): In working condition?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Does Not Apply
Comments: _____</p> <p>5. Plumbing System: Is the system in working condition?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Comments: _____</p> <p>6. Septic/Sewer Systems: Is the System functioning properly?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Does Not Apply
If septic, when was the system last pumped? _____</p> | <p>7. Water Supply: Any problems with water quality or supply?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is the system in working condition?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Comments: _____</p> <p>8. Heating System: Is heat supplied to all finished rooms?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is the system in working condition?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Comments: _____</p> <p>9. Air Conditioning system: Is cooling supplied to all finished rooms?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Does Not Apply
Is the system in working condition?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Does Not Apply
Comments: _____</p> <p>10. Electric System: Are there any problems with electrical fuses/circuit breakers, outlets or wiring?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Comments: _____
Does the electrical system meet existing code requirements?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Comments: _____</p> |
|---|--|

11. Insulation:

In exterior walls? Yes No Unknown

In ceiling/attic? Yes No Unknown

In other areas? Yes No Unknown

Comments: _____

12. Exterior Drainage: Does water stand on the property for more than 24 hours after a heavy rain?

Yes No Unknown

Are gutters and downspouts in working condition?

Yes No Unknown Does Not Apply

Comments: _____

13. Wood-destroying organisms: Any infestation and/or prior damage?

Yes No Unknown

Any treatments or repairs?

Yes No Unknown

Comments: _____

14. Are there any substances, materials or environmental hazards (including, but not limited to asbestos, radon gas, lead-based paint, underground storage tanks, or other contamination) or other adverse environmental site conditions on or affecting the property?

Yes No Unknown

Comments: _____

15. Are there any additions, structural modifications or other alterations or repairs made without required permits or not in compliance with building codes?

Yes No Unknown

Comments: _____

16. Are there any zoning violations, nonconforming uses, violations of building restrictions or setback requirements, or any recorded or unrecorded easements, except for utilities, on or affecting the property?

Yes No Unknown

Comments: _____

17. Are there any pending violations of the local zoning ordinance which the violator has not abated or remedied under the zoning ordinance, within the time period set out in the written notice of violation from the locality or established by a court of competent jurisdiction?

Yes No Unknown

Comments: _____

18. Are there any pending enforcement actions pursuant to the Uniform Statewide Building Code (§36-97 et seq.) that affect the safe, decent, and sanitary living conditions of the property of which you have been notified in writing by the locality?

Yes No Unknown

Comments: _____

19. Are there any other material defects affecting the physical condition of the property?

Yes No Unknown

Comments: _____

20. Are there any defects in the following, if installed in the property?

Water treatment system

Yes No Unknown Does Not Apply

Comments: _____

Lawn sprinkler system

Yes No Unknown Does Not Apply

Comments: _____

Security system

Yes No Unknown Does Not Apply

Comments: _____

21. Is the property located in a historic district designated by the locality pursuant to §15.2-2306?

Yes No Unknown

Comments: _____

22. Is the property subject to covenants and restrictions, the VA Condominium Act, VA Property Owners Association Act or Real Estate Cooperative Act?

Yes No Unknown

Comments: _____

23. If the property on which the new dwelling is situated is located wholly or partially in any locality comprising Planning District 15*:

A. Were there any mining operations previously conducted on the property?

Yes No Unknown

B. Are there any abandoned mines, shafts or pits present on the property?

Yes No Unknown

Comments: _____

*Planning District 15 includes the Town of Ashland, City of Richmond, Charles City County, Chesterfield County, Goochland County, Hanover County, Henrico County, New Kent County and Powhatan County.

