

CASCADE CHARTER TOWNSHIP
ASSESSING DEPARTMENT

RECORD CARD REVIEW
QUESTIONNAIRE

Property Address (if different from above) _____

1. **Exterior Siding of Home:** Vinyl _____ Aluminum _____ Wood _____ Cement Fiber _____ Brick _____ Stone _____
 (Indicate all that apply) Other _____

2. **Number of Bedrooms:** _____ (Main Level) _____ (2nd Floor) _____ (Basement/Lower Level)

3. **Bathrooms** → *For each bathroom separately please indicate number of plumbing fixtures:*

	Location: M=Main U=Upper L=Lower	#Sinks	#Toilets	#Bidets	Tub/Shower Combo	Walk-In Shower	Separate Tub With Jets	Separate Tub No Jets
EXAMPLE	M	2	1			1	1	
1 st Bath								
2 nd Bath								
3 rd Bath								
4 th Bath								
5 th Bath								
6 th Bath								
7 th Bath								

4. **Extra Sinks?** *Do NOT include Main Kitchen Sink or Sinks Listed in Above Chart* (Please indicate quantity)
 ___None ___Laundry/Utility Tub ___Kitchenette ___Veggie ___Wet Bar ___Other

5. **Fireplaces Inside or Attached to the Home:** Gas or Wood Burning None

Number of **Single Opening** fireplaces located on **perimeter/outside** walls? _____

Number of **Single Opening** fireplaces located on **interior** walls? _____

Number of **2-way or 3-way (see-thru)** fireplaces? _____

Number of **Freestanding** Units? (Permanent, Not Electric) _____

Do any of the fireplaces share the same chimney stack? ___Yes ___No How many? ____

6. **Car Storage: Please check all that apply and quantity (if more than one)**

___Attached Garage(s) ___Detached Garage(s) ___Basement Garage(s) ___Carport(s)

Interior garage walls: Finished? (drywall, etc.) ___ Un-Finished? (studs only) ___

Storage area above the garage? Yes (____sq. ft.) No

Access by: Permanent Staircase Drop Stair Ladder

7. **Basement:** Is there a basement under your entire house? ___Yes ___No

If NO, what area (location) is **not** basement? _____(Behind Garage? Etc.)

Is it ___**crawl space** (limited access below) ___**slab** (no access below) ___**piers** (on posts, open below)?

Do you have **walkout exits** from the basement? ___Yes ___No If YES, how many exits? ____

8. **Basement Finish:** Is any of your basement finished? ___Yes ___No

If YES, how much? _____sq. ft. OR _____% Type of finish? ___**Drywall** ___**Paneling**

Has any basement finish been Added or Removed in the past 7 years? ___Yes ___No

continued on other side...

9. **Porches:** *Check those applicable*

- Covered porch (**Floor:** ___ concrete ___ wood ___ brick)
- Concrete platform porch
- Glass enclosed porch (**Floor:** ___ concrete ___ wood) (Heated? ___yes ___no)
- Screen enclosed porch (**Floor:** ___concrete ___wood)
- Breezeway (___Heated ___Not Heated)
- Deck (___treated wood ___cedar ___composite ___vinyl)
- Patio (___concrete ___paver or brick ___blocks ___stone)

10. **Other Amenities:** *Check all items that you have.*

- Well Public Water
- Septic Public Sewer
- Central air conditioning
- Intercom (If installed in home, whether used or not)
- Central vacuum system (If installed in home, whether used or not)
- Sauna (**Permanently Fixed Only**)
- Swimming pool (**Inground Only**) ___inside ___outside
- Hot tub (**Permanently Fixed Only**) ___inside ___outside ___built into pool
- Sport court (Tennis, Basketball, Other)
- Shed: Size: _____
- Out Building/Barn** Approx size or square feet: _____ Construction: Pole Frame
 Interior walls: Finished? (drywall, etc.) Un-Finished? (studs only) Heated? yes no
 Storage Room/Loft Above? yes no Any Finished Living Area? yes (____sq ft) no

*****Items removed in the last seven years or additional notes:**

11. We will be in your neighborhood to update house photos from the street. If there is obstructed view, we may pull into the driveway to take a photo of the front of the house.

12. **Please sign, date, and provide contact information so that we may contact you if clarification is needed.**

_____ Date _____ Daytime Phone _____
Print Name of Person Completing Questionnaire

Signature _____ Email: _____
(If Preferred Contact)

Thank you for your participation.

If you have any questions, please call (616) 949-6176

Please return this form in the return envelope provided to:

Cascade Township Assessing Department 5920 Tahoe Dr SE Grand Rapids, MI 49546

******Please note that staff from the Cascade Township Assessing Department will be in your neighborhood to update photos. The staff has identification which will be provided upon request and will be in clearly marked vehicles with the Cascade Township logo displayed on the doors.******

THANK YOU FOR YOUR HELP!!!