

Historic Property Damage Assessment Checklist

Minnesota Historical Society

Assessor _____

Date _____

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General Information	Property Name _____				
	Address _____				
	Owner _____	Telephone _____			
	Primary Use _____	Secondary Use _____			
Historic Significance	N. R. Listed <input type="checkbox"/>				
	N. R. Eligible <input type="checkbox"/>				
	CLG Listed <input type="checkbox"/>				
	Other <input type="checkbox"/>				
	Inventory No. _____	Sketch	Photo		
Building Data	Basement <input type="checkbox"/>	No. of Stories _____			
	Foundation _____				
	Exterior Wall Structure _____	Covering _____			
	Roof Structure _____	Covering _____			
	Floor Structure _____	Covering _____			
	Building Date _____	Floor Area _____			
	Damage Data	Damage Cause	Wind <input type="checkbox"/>	Flood <input type="checkbox"/>	Fire <input type="checkbox"/>
Description _____					
Damage Date _____					
Hazards		Yes	No	Comment	
Collapse		<input type="checkbox"/>	<input type="checkbox"/>		
Off Foundation		<input type="checkbox"/>	<input type="checkbox"/>		
Noticeable Lean		<input type="checkbox"/>	<input type="checkbox"/>		
Severe Racking		<input type="checkbox"/>	<input type="checkbox"/>		
Chimney/Falling Hazard		<input type="checkbox"/>	<input type="checkbox"/>		
Ground Shift		<input type="checkbox"/>	<input type="checkbox"/>		
Utilities Down	<input type="checkbox"/>	<input type="checkbox"/>			
Other	<input type="checkbox"/>	<input type="checkbox"/>			

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Damage Assessment	Feature	Damage	Recommendation
	Foundation		
	Exterior Walls		
	Exterior Features		
	Windows and Doors		
	Roof Covering		
	Roof Structure		
	Floor Covering		
	Floor Structure		
	Ceilings		
	Walls		
	Elec/HVAC/Plbg		
	Site		
	Other		

Next Steps	Engineering Evaluation	<input type="checkbox"/>
	Falling Hazard Removal	<input type="checkbox"/>
	Site Clean Up	<input type="checkbox"/>
	Resources Required	<input type="checkbox"/>