

Commercial For Sale Data Input

*** = Required Fields**

Listing Agent/Team/Office Information

***Property Subtype:** Industrial Investment Office Residential Income Retail Other

*List Agent MLS ID: _____ CoList Agent MLS ID: _____
 *List Office MLS ID: _____ CoList Office MLS ID: _____
 List Team MLS ID: _____ CoList Team MLS ID: _____
 Photographer MLS ID: _____ Office/Studio Name: _____

Location Information

Street # _____ Street Dir Prefix _____ *Street Name _____ Street Type _____ Street Dir Suffix _____ Unit # _____
 *State: _____ *County: _____ *City: _____ *Zip Code: _____ Zip+4: _____
 *Neighborhood: _____ Complex: _____

Listing Contract Information

*Parcel ID: _____ *List Type: Full Service Limited Service Entry Only
 *Listing Contract Date: _____ *Listing Contract Type: Exclusive Right to Sell Exclusive Agency to Sell
 *Expiration Date: _____ *Property Owner has a Reserved Prospect: Yes No
 *List Price (\$): _____

Items Excluded From Listing (Limit 150 Characters): _____

*Potential Short Sale: Yes No Undeclared Short Sale Comments: _____

Property Taxes

*Property Tax: _____ *Assessed Value: _____ *Mil Rate: _____
 *Tax Year: _____ Association District Tax (\$): _____

Commercial Info

Present Use: _____ Potential Use: _____

Business Included YNN: Yes No Negotiable

Gross Annual Income: _____ Gross Annual Expense: _____ Net Operating Income: _____

Structural/Exterior Info

*Year Built: _____ *SQFT Total: _____ *SQFT Source: Approximate Owner Public Records
 SQFT Industrial: _____ SQFT Office: _____ SQFT Residential: _____
 SQFT Retail: _____ SQFT Warehouse: _____

Building Characteristics

*Construction Description: (3 max)

- | | | | | |
|--------------------------------|-----------------------------------|-----------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Frame | <input type="checkbox"/> Stone | <input type="checkbox"/> Block | <input type="checkbox"/> Masonry | <input type="checkbox"/> Steel |
| <input type="checkbox"/> Brick | <input type="checkbox"/> Aluminum | <input type="checkbox"/> Concrete | <input type="checkbox"/> Metal | <input type="checkbox"/> Other |

Foundation Type: (2 max)

- | | | | | |
|--------------------------------|-----------------------------------|---------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Block | <input type="checkbox"/> Concrete | <input type="checkbox"/> Piling | <input type="checkbox"/> Stone | <input type="checkbox"/> None |
| <input type="checkbox"/> Brick | <input type="checkbox"/> Masonry | <input type="checkbox"/> Slab | <input type="checkbox"/> Wood | |

*Roof Information: (2 max)

- | | | | | | |
|---|-----------------------------------|--|-----------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Asphalt Shingles | <input type="checkbox"/> Shake | <input type="checkbox"/> Composition | <input type="checkbox"/> Flat | <input type="checkbox"/> Rubber | <input type="checkbox"/> Other |
| <input type="checkbox"/> Fiberglass Shingle | <input type="checkbox"/> Slate | <input type="checkbox"/> Concrete | <input type="checkbox"/> Membrane | <input type="checkbox"/> Tar/Gravel | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Wood Shingle | <input type="checkbox"/> Built Up | <input type="checkbox"/> EPDM Synthetic Rubber | <input type="checkbox"/> Metal | <input type="checkbox"/> Tile | |

Exterior Features: (9 max)

- | | | | | |
|---|--|---|------------------------------------|--|
| <input type="checkbox"/> Awnings | <input type="checkbox"/> Doors - under 10 ft | <input type="checkbox"/> Lighting | <input type="checkbox"/> Door Sign | <input type="checkbox"/> Storage Building |
| <input type="checkbox"/> Doors - 10-15 ft | <input type="checkbox"/> Gutters | <input type="checkbox"/> Loading Dock/Grade | <input type="checkbox"/> Pole Sign | <input type="checkbox"/> Underground Sprinkler |
| <input type="checkbox"/> Doors - 16-20 ft | <input type="checkbox"/> Incinerator | <input type="checkbox"/> Loading Dock/Well | <input type="checkbox"/> Roof Sign | <input type="checkbox"/> Underground Utilities |
| <input type="checkbox"/> Doors - 20+ ft | <input type="checkbox"/> Levelers | <input type="checkbox"/> Outside Storage Area | <input type="checkbox"/> Sidewalk | <input type="checkbox"/> None |

Total # of Units: _____ # of Tenants: _____ Ceiling Height: _____ # of Stories: _____

ADA Complaint YN: Yes No # of Loading Docks: _____ # of Restrooms: _____ # of Overhead Doors: _____

Subdividable YNU: Yes No Unknown

Additional Space Available YN: Yes No

*Garage: # of Garage Spaces: _____

*(If Garage Space is Greater Than "0") Garage Type: (3 max)

- | | | |
|--|---|---|
| <input type="checkbox"/> Attached Garage | <input type="checkbox"/> Covered Garage | <input type="checkbox"/> Parking Garage |
| <input type="checkbox"/> Detached Garage | <input type="checkbox"/> Unit Garage | <input type="checkbox"/> Carport |

Parking SPCS Covered: _____ Parking SPCS Uncovered: _____ Parking Total SPCS: _____ Parking SPCS/ 1000 SQFT: _____

*(If "Parking Total Spaces" is Greater Than "0") Parking Space Detail: (3 max)

- | | | | | | |
|-----------------------------------|---|--|---|-----------------------------------|-------------------------------|
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Unpaved | <input type="checkbox"/> On Street Parking | <input type="checkbox"/> Assigned Parking | <input type="checkbox"/> Security | <input type="checkbox"/> None |
| <input type="checkbox"/> Paved | <input type="checkbox"/> Off Street Parking | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Unassigned Parking | <input type="checkbox"/> Other | |

Commercial Features: (16 max)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Elevators | <input type="checkbox"/> Handicap Design | <input type="checkbox"/> Loading - Dock Height | <input type="checkbox"/> Loading - Van Height Dock |
| <input type="checkbox"/> Employee Lounge | <input type="checkbox"/> Hoists | <input type="checkbox"/> Loading - Grade | <input type="checkbox"/> Public Restrooms |
| <input type="checkbox"/> Fire Suppression System | <input type="checkbox"/> Intercom | <input type="checkbox"/> Loading - Rail Height | <input type="checkbox"/> Security System |
| <input type="checkbox"/> Freight Elevator | <input type="checkbox"/> Living Space Available | <input type="checkbox"/> Loading - Waterfront | <input type="checkbox"/> Window Display |

Handicap Features: (7 max)

- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> 32" Minimum Door Widths | <input type="checkbox"/> Chair Lift | <input type="checkbox"/> Hard/Low Nap Floors | <input type="checkbox"/> Modified Range | <input type="checkbox"/> Remote Devices |
| <input type="checkbox"/> 60" Turning Radius | <input type="checkbox"/> Closet Bars 15-48" Off Floor | <input type="checkbox"/> Lever Door Handles | <input type="checkbox"/> Multiple Entries/Exits | <input type="checkbox"/> Roll-In Shower |
| <input type="checkbox"/> Accessible Bath | <input type="checkbox"/> Exterior Curb Cuts | <input type="checkbox"/> Lever Faucets | <input type="checkbox"/> Raised Dishwasher | <input type="checkbox"/> Roll-Under Sink(s) |
| <input type="checkbox"/> Appliances are Low/Secure | <input type="checkbox"/> Hallways 36+ Inches Wide | <input type="checkbox"/> Low Cabinetry | <input type="checkbox"/> Raised Toilet | <input type="checkbox"/> Scald Control Faucets |
| <input type="checkbox"/> Bath Grab Bar | <input type="checkbox"/> Handicap Parking | <input type="checkbox"/> Low Counters | <input type="checkbox"/> Ramps | <input type="checkbox"/> Special Needs Transport |

Units

Unit 1:

Unit Type: _____ # of Similar Units: _____ # of Full Baths: _____ # of Half Baths: _____
Avg. SQFT: _____ Avg. Monthly Rent Per Unit: _____ # of Vacant Units: _____
Appliances Included (12 Max): _____

Unit 2:

Unit Type: _____ # of Similar Units: _____ # of Full Baths: _____ # of Half Baths: _____
Avg. SQFT: _____ Avg. Monthly Rent Per Unit: _____ # of Vacant Units: _____
Appliances Included (12 Max): _____

Unit 3:

Unit Type: _____ # of Similar Units: _____ # of Full Baths: _____ # of Half Baths: _____
Avg. SQFT: _____ Avg. Monthly Rent Per Unit: _____ # of Vacant Units: _____
Appliances Included (12 Max): _____

Unit 4:

Unit Type: _____ # of Similar Units: _____ # of Full Baths: _____ # of Half Baths: _____
Avg. SQFT: _____ Avg. Monthly Rent Per Unit: _____ # of Vacant Units: _____
Appliances Included (12 Max): _____

Unit 5:

Unit Type: _____ # of Similar Units: _____ # of Full Baths: _____ # of Half Baths: _____
Avg. SQFT: _____ Avg. Monthly Rent Per Unit: _____ # of Vacant Units: _____
Appliances Included (12 Max): _____

Unit 6:

Unit Type: _____ # of Similar Units: _____ # of Full Baths: _____ # of Half Baths: _____
Avg. SQFT: _____ Avg. Monthly Rent Per Unit: _____ # of Vacant Units: _____
Appliances Included (12 Max): _____

Unit 7:

Unit Type: _____ # of Similar Units: _____ # of Full Baths: _____ # of Half Baths: _____
Avg. SQFT: _____ Avg. Monthly Rent Per Unit: _____ # of Vacant Units: _____
Appliances Included (12 Max): _____

Unit 8:

Unit Type: _____ # of Similar Units: _____ # of Full Baths: _____ # of Half Baths: _____
Avg. SQFT: _____ Avg. Monthly Rent Per Unit: _____ # of Vacant Units: _____
Appliances Included (12 Max): _____

Unit 9:

Unit Type: _____ # of Similar Units: _____ # of Full Baths: _____ # of Half Baths: _____
Avg. SQFT: _____ Avg. Monthly Rent Per Unit: _____ # of Vacant Units: _____
Appliances Included (12 Max): _____

Unit 10:

Unit Type: _____ # of Similar Units: _____ # of Full Baths: _____ # of Half Baths: _____
Avg. SQFT: _____ Avg. Monthly Rent Per Unit: _____ # of Vacant Units: _____
Appliances Included (12 Max): _____

Unit Type Selections: 1 Bedroom - 2 Bedrooms - 3 Bedrooms - 4+ Bedrooms - Efficiency - Industrial - Office - Retail

Appliances Included Selection: Allowance - Electric Cooktop - Gas Cooktop - Cook Top - Electric Range - Convection Range - Gas Range - Oven/Range - Counter Grill - Wall Oven - Convection Oven - Microwave - Range Hood - Refrigerator - Freezer - Subzero - Icemaker - Dishwasher - Disposal - Compactor - Instant Hot Water Tap - Washer - Electric Dryer - Gas Dryer - Dryer - Wine Chiller - None

Lot & Location

Acres: _____ ***Zoning:** _____ **In Flood Zone:** Yes No ***(If "Yes") Elevation Certificate YN:** Yes No

***Lot Description: (6 max)**

- On Cul-De-Sac Zero Lot Line Some Wetlands Cleared Golf Course Frontage Sloping Lot N/A
 Farm Land Additional Land Avail Dry Corner Lot Level Lot Treed

***Location: (5 max)**

- Highway Access Urban Rural Historic Area Office Park Strip Mall Other
 Downtown Suburban Park Industrial Park Shopping Mall Retail Corridor

Traffic Count: _____ Road Frontage Feet Approx.: _____

***Road Frontage Description: (3 max)**

- Interstate Highway State Road Private Road Cul-De-Sac Unpaved Road Unimproved Road
 U.S. Highway Municipal Street Right of Way Paved Road Dirt/Gravel Road None

***Documents Available: (10 Max)**

- Appraisal Envir. Site Assess (Phase 1) Legal Description Site Plan Approval Zoning Approval
 Brochure Envir. Site Assess (Phase 2) Mechanical Drawing Soil Survey Other
 Demographic Data Flood Elevation Certificate Photo/Survey Subdivision Approval None
 Envir. Site Assess Lead Disclosure Plot Plan/Survey Topographical Survey

Utilities

***Utilites Available: (4 max)**

- Electric Gas Telephone Cable Underground Required None/Unknown
 Electric Available Gas Available Phone Available Cable Available Fire Suppression System

***Heat Type: (4 max)**

- Baseboard Hot Air Hydro Air Solar Wall Unit Other
 Gas on Gas Gravity Warm Air Radiant Space Heater Wood/Coal Stove None
 Heat Pump Hot Water Radiator Steam Zoned

***Heat Fuel Type: (4 max)**

- Coal Gas In Street Kerosene Oil Solar Wood None
 Electric Geothermal Natural Gas Propane Passive Solar Other

***Cooling System: (4 max)**

- Attic Fan Central Air Heat Pump Wall Unit Window Unit None
 Ceiling Fans Ductless Split System Whole House Fan Zoned

***Water Source: (2 max)**

- Public Water Connected Private Water System Shared Well Other
 Public Water In Street Private Well Well Required None

***Sewage System: (3 max)**

- Public Sewer Connected Septic Shared Septic Other
 Public Sewer In Street Septic Required Cesspool None

***(If "Sewer" Option Selected):**

Annual Sewer Usage Fee (\$): _____

Sewer Asmt Descript: _____

Electric

Electric Voltage: _____ Electric Amperage: _____ Electric Phases: _____ # of Electric Services: _____

Association Info

Property Management Type: Professional-Off Site Professional On-Site Unit Owners Association

*Property Mgt Company Name: _____ Management Co. Phone: (____) ____ - ____

Property Manager Name: _____ Property Manager Phone: (____) ____ - ____

Property Manager Email: _____

Additional Info/ ShowingTime

Acceptable Financing (5 Max): Assumable FHA VA CHFA Owner Financing

*Web Distribution Authorizations (2 Max): IDX Sites Realtor.com None ***Internet Address Display YN:** Yes No

*Display AVMs with this listing YN: Yes No ***Internet Consumer Comments Allowed YN:** Yes No

Showing Information: Live Streaming Options Available YN: Yes No

*Showing Instructions (Limit 300 Characters):

ShowingTime Showing Instructions (Limit 300 Characters):

*Directions (Limit 255 Characters):

***LockBox Description (3 max):**

SmartMLS Compatible Elec. Non Compatible Elec. ECAR-SentriLock Combo Call List Office None

* (If Applicable) LockBox Location: _____

*Sign YN: Yes No **Occupied By:** Owner Tenant Vacant ***Possession Availability:** _____

*Owner Name: _____ **Owner Phone:** (____) ____ - ____

*An Agent is an Owner YN: Yes No ***Bank Owned or Controlled (REO) YN:** Yes No

Related MLS #: _____

Remarks

*Public Remarks (Limit 1500 Characters):

Public Remarks Addendum (Limit 2400 Characters):

Confidential Agent Only Remarks (Limit 500 Characters):

Agreement/Disclosure

VALID LISTING AGREEMENT STATEMENT

I, the undersigned Broker or Authorized Agent, represent to the SmartMLS Inc., its members and cooperating agents, that I have a valid and legally enforceable: (1) "Exclusive Right to Sell" listing agreement; or (2) "Exclusive Agency" listing agreement; or (3) "Exclusive Right to Lease" agreement, with the owners of the above entitled property. The information contained in the data information sheet is, to the best of my knowledge and belief, true and accurate.

Listing Broker or Authorized Agent Signature: _____ Date: _____

AUTHORIZATION TO USE THE MULTIPLE LISTING SERVICE AND DISCLAIMER

The Undersigned Owner(s) authorize and instruct(s) the Broker to submit the information contained herein to the SmartMLS Inc., for the purpose of offering the property for sale or lease through its participants during the period specified. This information has been furnished by the Seller and/or other sources and is not guaranteed by the Broker. Owner(s) agree that the information herein is true and correct to his/her/their knowledge. It is understood that there is no contractual relationship between the Owner(s) and the SmartMLS Inc. Receipt of a copy of this Property Data Form is Acknowledged by Owner(s).

Listing Broker or Authorized Agent Signature: _____ Date: _____

Seller's Signature: _____ Date: _____

Seller's Signature: _____ Date: _____