

Pre-Inspection Checklist of Enquiries (HCR)

(Sellers Questionnaire)

| | |
|----------------------------|------------------|
| URN (office use): | Address: |
| Date of Inspection: | Postcode: |

| About the Property | |
|--|---|
| Approximately what year was the property built: | |
| What type of property is it (terrace/semi/detached/flat/bungalow): | |
| Please state the name of the builder that constructed the property (if known): | |
| What is the tenure: | (freehold / leasehold / commonhold) |
| If leasehold, do you know who is responsible for maintenance and repair of the property – please provide details: | |
| How long have you owned/leased the property: | (years or date) |
| What is the ground rent per month : | £ |
| What is the service charge per month : | £ |
| Is the property constructed using any particular system or using non-traditional materials, please give details (e.g. concrete or steel framed etc): | |
| Do you have a cellar/basement: | Yes / no |
| If yes, in which room is the access: | |
| Does the property have a chimney or chimneys: | Yes (number of chimneys) _____ / no |
| If so, when was it/were they last swept: | |
| Is it/are they in regular use: | Yes / no |
| Is it/are they permanently sealed up: | Yes / no |
| Does it/do they have a heating appliance installed in it/them (e.g. log burner): | Yes / no |
| If yes, please give details: | |
| Is the property on a private road: | Yes / no / not sure |
| Do you have a garage | Yes / no |
| If yes, is it within the boundary of the property or elsewhere (such as a separate garage block): | Within the boundary / elsewhere (please give details) |
| Do you have an allocated car parking space | Yes / no / not sure |
| If yes, is it within the boundary of the property or elsewhere (such as a car park): | Within the boundary / elsewhere (please give details) |
| Please list any other buildings/structures on the site? (Only list permanent structures. Do not include wooden garden sheds): | |
| Environmental | |
| Has the home or plot ever flooded: | Yes / no |
| If yes, when did this occur: | In / not known |
| Has the property ever been subjected to storm damage: | Yes / no / not sure |
| If yes, when did this occur: | |
| If yes, please provide details if known: | |
| To your knowledge do you have any Japanese Knotweed growing in the grounds of the property (if so, where): | |
| To your knowledge are there any bats in the property: | Yes / no |
| To your knowledge was your home built on a landfill site or formerly contaminated site: | Yes / no |
| To your knowledge has the property ever been monitored for Radon or Methane gas: | Yes / no |
| If yes, please give details: | |
| If yes, do you have a land remediation certificate: | Yes / no |
| To your knowledge has the site ever suffered from any landslip: | Yes / no |
| Legal Issues | |
| Are there any rights of way over the property, if yes, please give details: | |
| Is there any shared access (driveways, paths or drains) , if yes, please give details: | |
| Do you know which boundaries you are responsible for maintaining, if yes, please give details: | |
| Is your property currently affected by boundary disputes | Yes / no |

Pre-Inspection Checklist of Enquiries (HCR)

(Sellers Questionnaire)

| | | | | | | |
|---|--|------------------|-------------------------------------|-----------------------------|--|--------------------------|
| URN (office use): | Address: | | | | | |
| Date of Inspection: | Postcode: | | | | | |
| Have any Party Wall Act Notices been served by you or upon you, if yes, please give details: | | | | | | |
| Has the road to the property been adopted: Yes / no / not known | | | | | | |
| Is the property listed, if so, what grade: Not listed / not sure / listed. Grade: | | | | | | |
| Is the property in a conservation area: Yes / no / not sure | | | | | | |
| Are there any tree preservation orders on trees within the grounds, if yes, please give details: | | | | | | |
| Are there any flying freeholds (i.e. Do any parts of your property protrude over your neighbours) , if yes, please give details: | | | | | | |
| Access for Inspection | | | | | | |
| Does the property have any concealed access hatches or doorways that can be opened – if yes, please give details: | | | | | | |
| Are there any parts of the property that cannot be inspected because of stored possessions etc (e.g. loft or cellar) – if yes, please give details: | | | | | | |
| Repairs and Defects | | | | | | |
| Have you carried out any structural or alteration work or added an extension Yes / no | | | | | | |
| If yes, please provide additional information including dates: | Type of building works undertaken (please complete all that apply) | | Approx date of the works | Planning consents available | Building Regulation approval available | |
| | 1. Attic/loft conversion | | | Yes / no | Yes / no | |
| | 2. Two storey extension | | | Yes / no | Yes / no | |
| | 3. Single storey extension | | | Yes / no | Yes / no | |
| | 4. Garage conversion | | | Yes / no | Yes / no | |
| | 5. Foundation underpinning | | | Yes / no | Yes / no | |
| 6. Other | | | Yes / no | Yes / no | | |
| If you answered Other to the previous question, please give details: | | | | | | |
| Do you have any guarantees/warranties for any of the repairs carried out: Yes / no | | | | | | |
| Do any guarantees/warranties pass with the property: Yes / no / not sure | | | | | | |
| If yes, please state what they are: | Type of works | When carried out | Length of warranty or guarantee | | Could it still be enforced | |
| | Damp remedial works | | | | Yes | No |
| | Insect damage | | | | Yes | No |
| | Cavity wall tie replacements | | | | Yes | No |
| | Conservatory | | | | Yes | No |
| | Boiler replacement | | | | Yes | No |
| | Re-wiring or electricians tests | | | | Yes | No |
| | Underpinning | | | | Yes | No |
| Other: Please state | | | | Yes | No | |
| Do any of the gutters/downpipes leak, if so, please give details: | | | | | | |
| Is the property affected by any known current defects or other problems, if so, please give details: | | | | | | |
| Are there any defective elements that may be damaged and/or likely to cause damage if operated or checked; e.g. windows that do not shut after opening, water taps that cannot be operated etc: | | | | | | |
| Energy Information | | | | | | |
| Have you improved the energy efficiency of the property (please give details): | | | | | | |
| If you have double glazing, when was it installed: | | | | | | |
| If you have loft insulation, when was it installed: | | | | | | |
| If you have cavity wall insulation, when was it installed: | | | | | | |
| Services | | | | | | |
| What type of service systems does the property have [whether used or not] (e.g. mains electricity/solar power, mains water supply/private water supply, mains drainage/private sewerage system, mains gas/LPG/oil/solid fuel etc). Please tick all appropriate details: | Gas | Mains | <input checked="" type="checkbox"/> | Other | <input type="checkbox"/> | <input type="checkbox"/> |
| | Electricity | Mains | <input type="checkbox"/> | Other | <input type="checkbox"/> | <input type="checkbox"/> |
| | LPG | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Oil | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Water | Mains | <input type="checkbox"/> | Other | <input type="checkbox"/> | <input type="checkbox"/> |
| | Drainage | Mains | <input type="checkbox"/> | Cesspool | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | Septic tank | <input type="checkbox"/> | <input type="checkbox"/> |

Pre-Inspection Checklist of Enquiries (HCR)

(Sellers Questionnaire)

| | |
|--|---------------------------------------|
| URN (office use): | Address: |
| Date of Inspection: | Postcode: |
| Where you have stated 'Other', please give details: | |
| If cesspool/septic tank, how often is it emptied: | |
| When was the property last rewired: | (date) |
| Do you have an NICIEC Certificate: | Yes / no |
| How old is the main boiler/source of heating: | |
| What fuel does the boiler use (mains gas/LPG/oil/electricity/other): | |
| Do you have any maintenance records/log book/manufacturers instructions for the service systems (including the boiler), if so, please give details: | |
| When was the appliance (e.g. boiler) for the main source of heating last serviced: | |
| (date) | |
| Have you replaced your gutters/downpipes, if so, when: | |
| Have you have the drive surface replaced, if so, when: | |
| Where are the following: | Electricity meter |
| | Electricity fuse box |
| | Gas meter |
| | LPG or Oil store |
| | Mains water stop valve |
| | Drainage chambers |
| Cesspool/septic tank | |
| Do you have a water meter, if so, where is it located: | No meter / location: |
| Do you have a gas completion Certificate | Yes / no |
| If you have replaced any sanitary appliances (e.g. wc, bathroom suite, shower etc), please give details including items and dates: | |
| If you have replaced any external doors, for which rooms and when: | |
| Inconveniences You May Have Experienced With the Property | |
| Have you ever had an insurance claim: | Yes / no |
| If yes, please provide details: | |
| Have you ever had a dispute with a neighbour at this property: | Yes / no |
| If yes, please provide details: | |
| Unusual Features / Other Comments: | |
| Please note details of any unusual features within your property/grounds or add any other comments: | |
| | |
| Completed by (please print name) | |
| I acknowledge that the Home Condition Report will be prepared based on the answers I have given in this Sellers Questionnaire and I hereby confirm that these answers are accurate. | |
| (please sign) | |
| Date | |
| Status | Owner / Agent / Representative |