



Available Commercial Building Website Submission Form

Please attach a color photo or JPEG

Building Specifications

Location

City:	Building Name:
County:	Address:

Building Features

Building Classification:	<input type="checkbox"/> Industrial: Manufacturing	<input type="checkbox"/> Commercial: Office
	<input type="checkbox"/> Industrial: Warehouse/Distribution	<input type="checkbox"/> Commercial: Call Center
	<input type="checkbox"/> Industrial: Food Processing	<input type="checkbox"/> Commercial: Retail

Original Use:	Year Built:
Total Square Feet:	Available Square Feet:
Cold Storage Available (Y/N):	Cold Storage Av. SqFt:
Sidewall Height:	Max. Ceiling Clearance:
Building Dimensions:	Number of Stories:
Column Spacing:	Building Zoning:

Site Features

Site Classification:	<input type="checkbox"/> Freestanding	<input type="checkbox"/> Business/Industrial Park
Site Acres:	Complex Acres:	
Acres Available for Growth:	Zoning:	
Water Table:	Reside in 100-Yr Floodplain (Y/N):	
Phase 1 Environmental (Y/N):	% of Site Residing in Wetland:	

Building Status

Status:	<input type="checkbox"/> Existing	<input type="checkbox"/> Under Construction	<input type="checkbox"/> Proposed
Available for Purchase (Y/N):	Price:		
Available for Lease (Y/N):	Rent:		
Triple Net (Y/N):	Date Available:		
Turnkey (Y/N):	Building Occupant(s):		
Sub-div/Multi-tenant (Y/N):	Expenses:		
Taxes Last Year:			

Building Components

Foundation:	<input type="checkbox"/> Poured Concrete	<input type="checkbox"/> Block	<input type="checkbox"/> Stone	<input type="checkbox"/> Other (please list)		
Exterior Walls:	<input type="checkbox"/> Metal	<input type="checkbox"/> Stone	<input type="checkbox"/> Brick	<input type="checkbox"/> Wood	<input type="checkbox"/> Other (please list)	
Roof Cover:	<input type="checkbox"/> Metal	<input type="checkbox"/> Tar & Gravel	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Shingle	<input type="checkbox"/> Rolled	<input type="checkbox"/> Other (please list)
Interior Walls:	<input type="checkbox"/> Sheetrock	<input type="checkbox"/> Plaster	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input type="checkbox"/> Other (please list)	
Floor:	<input type="checkbox"/> Tile	<input type="checkbox"/> Terrazzo	<input type="checkbox"/> Linoleum	<input type="checkbox"/> Carpet	<input type="checkbox"/> Concrete (floor thickness _____)	<input type="checkbox"/> Other (please list)
Air Conditioning:	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Sprinkler System:	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Number of Restrooms:	Total Restrooms _____					
Restrooms:	Handicap Accessible Restrooms _____					

Wiring System:	<input type="checkbox"/> Lights and Outlets Only <input type="checkbox"/> 3-phase <input type="checkbox"/> Other (please list)
Elevators:	Number of Freight _____ Number of Passenger _____
Parking Lot:	<input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, please list the surface material and the number of parking spaces)
Loading Docks:	Number of Tailgate _____ Number of Drive-In _____

Transportation	
Highway Linkage	
Name:	Two or Four Lane:
Distance to 4-Lane:	Internal Site Access (Y/N):
Air Service	
Distance to Nearest Commercial Airport:	Name of Airport:
Rail Service (if applicable)	
Carrier:	Main or Branch Line:
Spur (Y/N):	Distance to Rail Line of no Spur:

Utilities	
Water	Treatment Plant
Provider:	Rated Capacity (mgd):
Water Main Size:	Peak Demand (mgd):
Distance from Site:	Booster Pump Required (Y/N):
Static Pressure:	On-Site Storage (Y/N):
Residual Pressure:	Elevated:
Flow per Minute:	Capacity in Gallons:
Sewer	Treatment Plant
Provider:	Type:
Sewer Main Size:	Rated Capacity (mgd):
Distance from Site:	Peak Demand (mgd) (Y/N):
Use of Lift Required (Y/N):	Storm Drainage System (Y/N):
Electricity	Power Quality
Provider:	Total Interruptions/Year:
Service Voltage:	Number of Instantaneous Delays:
Transmission Voltage:	Total Outage Duration:
Distribution Voltage:	Dual Feed from 1 Substation (Y/N):
Secondary Voltage:	Dual Feed from 2 Substations (Y/N):
Natural Gas	
Provider:	Gas Pressure:
Gas Main Size:	Heat Valve (BTU/Cubic Foot):
Distance from Site:	

Telecommunications Service**Local Exchange Carrier:****Nearest Central Office (CO) Location:****Distance in Miles:****Switch****ADSL Available from CO (Y/N):****CO on Fiber Ring (Y/N):****DSL Available from CO (Y/N):****Fiber Optic Available (Y/N):****Type (Analog/Digital):****ISDN Available from CO (Y/N):****Dual Service Provided from****Competitive Local Exchange Carrier****Two CO's (Y/N):****Allowed to Service Site (Y/N):****Points of Presence (POP's)****List of all Major Long****Closest Major****Distance Carriers:****Carrier POP's:****Location:****Distance in Miles:****Protective Services****Fire Insurance Class Rating:****Distance to Nearest Police Station:****Fire Station (Volunteer/Full-time):****24 Hour Police Patrol (Y/N):****Distance to Nearest Fire Station:****Additional Comments****Contact****Company:****Name:****Address:****City:****State:****Zip Code:****Phone:****Fax:****Email:****Website:****Broker Listing:**

Do you want this information on the GOED website? Yes No