

II. BUILDING CONSTRUCTED AND OCCUPIED (Also complete Section IX)

1. Name of installation on which building is situated: _____
2. ID Number of installation: _____
3. Name or number of building as designated by the Administering Agency: _____
4. Was GSA involved in the project through financial assistance in the acquisition or construction of the building (yes or no) _____
5. Date construction completed: _____
6. Date occupancy took place or will take place: _____
7. Building use (describe): _____

8. Gross square footage contained within the building including both usable and non-usable space: _____

9. Building Cost: _____
10. Is the building located in a flood plain? (Yes or No): _____

III. ALTERATIONS OR ADDITIONS TO AN EXISTING BUILDING (Also complete Section IX)

1. Name of installation on which building is located: _____
2. ID Number of installation: _____
3. Building name and ID Number: _____
4. Description of the alteration or addition: _____

5. If the alteration or addition to the building affects the gross square footage, note how much was added or removed:

6. Cost of the improvement: _____
7. If the improvement changes the "condition" of the building as shown on the report Buildings by Administering Agency, which is rated on a scale of excellent, very good, good, fair, poor, very poor, indicate what the condition has changed to: _____

IV. DEMOLITION OF A BUILDING

1. Name of installation on which the building was demolished: _____
2. ID Number of installation: _____
3. Building name and ID Number: _____

V. INSTALLATION CHANGES

1. Installation ID Number: _____
2. The name of the installation has been changed to: _____
3. The address of the installation has been changed to: _____
4. The use of the installation has changed to (describe) : _____

5. Number of parking spaces has changed from: _____ to _____

VI. BUILDING CHANGES (if changes listed below effect a change in insurance data, complete Section IX)

1. Name of installation on which the building or buildings are located: _____

2. ID Number of Installation: _____
3. Building changes:

Building ID No.	Name Changed To	Use Changed To	*Condition Changed To

*Building condition is rated on a scale of excellent, very good, good, fair, poor, very poor.

VII. PROPERTY LEASED OUT

Report only installations and buildings that have been leased out to an organization that is not an agency or branch of the Commonwealth.

1. An entire installation or portion thereof has been leased out:
 - a. Name of installation: _____
 - b. ID Number of installation: _____
 - c. Buildings on the portion leased out. List building name and ID number. If entire installation has been leased out, just note "all buildings":

2. A complete building or portion thereof (an office, storage space, etc.) has been leased out:
 - a. Name of installation on which building is situated: _____
 - b. ID Number of installation: _____
 - c. Building(s) moved in the lease (list building name and ID Number):

VIII. TERMINATION OF LEASE OF PROPERTY LEASED OUT

1. A lease involving an entire installation or portion thereof has terminated:
 - a. Name of installation: _____
 - b. ID Number of installation: _____
 - c. Building on the portion formerly under lease. List name and ID number of each building. If entire installation was under lease, note "all buildings":

2. A lease involving a complete building or portion thereof (an office, storage space, etc.) has terminated:
 - a. Name of installation on which building is situated: _____
 - b. ID number of installation: _____
 - c. Building(s) formerly involved in the lease (list building name and ID number):

IX. INSURANCE INFORMATION: Supplemental data for Sections II and III):

Installation Identification	Building Identification	Building Name	Replacement Cost of Building	Contents Value Per Building	Type of Construction	• N. B. Class	• Sprinkler Protection	• Sprinkler Alarm	• Burglar Alarm	• Boiler Insurance	• Exposure	• Exposure Hazard	• Housekeeping	• P.M.L.	• M.F.L.
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NOTE: • N.B. Class – Leave blank - for office use only
 •• Exposure Hazard, Boiler, PML and MFL insurance data is to be evaluated and entered by a qualified engineer. If an engineering or construction office is not available in the department, please leave blank.