



GOVERNMENT OF BERMUDA  
Ministry of Public Works



**Land Valuation Department**

**Uninhabitable Property Check List**

**Assessment Number:** \_\_\_\_\_ **Unit Name/Apt #:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

- |   |                              |                             |   |                              |                             |
|---|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| 1) Is the unit wind and water tight?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 10) Is there a functioning kitchen?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Is the external roof defective?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 11) Is there a functioning bathroom(s)?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Is the unit structurally sound?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 12) Is the unit internally gutted?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Are the walls defective in any way?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 13) Is the unit currently in occupation?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5) Are all the windows still intact?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 14) When was the last time the property was occupied?       |                              |                             |
| 6) Is there power to the unit?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (Month/Year) _____  |                              |                             |
| 7) Is the electrical wiring still intact? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 15) What date did the unit become uninhabitable?            |                              |                             |
| 8) Is there running water in the unit?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (Day/Month/Year) _____                                      |                              |                             |
| 9) Does the plumbing still function?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 16) Please provide documentation to support the above date. |                              |                             |
|   |                              |                             | (Photos, contractors invoices etc):                         |                              |                             |
|   |                              |                             | 17) Building Permit # for the works _____                   |                              |                             |

Please provide additional information highlighting specific defects: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ Contact Details: Tel.: \_\_\_\_\_ Email: \_\_\_\_\_