

**SURFSIDE III  
VISUAL INSPECTION at  
CHANGE OF OWNERSHIP and/or TENANT**

Date: \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
Building Number: \_\_\_\_\_  
Unit Address: \_\_\_\_\_

**CHECK LIST of INSPECTION**

**01 EXTERIOR BALCONY**

|                                 |        |
|---------------------------------|--------|
| Any damage to deck coating      | Y or N |
| Any signs of water damage       | Y or N |
| Any damage to railing           | Y or N |
| Any items hanging on railing    | Y or N |
| Any damage to exterior stucco   | Y or N |
| Any items attached to stucco    | Y or N |
| Any items hanging from ceiling  | Y or N |
| Any Items attached to post/beam | Y or N |

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**02 INTERIORS**

**BATHROOM 1**

|                             |        |
|-----------------------------|--------|
| Any signs of water leaks    | Y or N |
| Any signs of water damage   | Y or N |
| Any signs of mildew or mold | Y or N |
| Any signs of drywall damage | Y or N |

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BATHROOM 2**

- Any signs of water leaks Y or N
- Any signs of water damage Y or N
- Any signs of mildew or mold Y or N
- Any signs of drywall damage Y or N

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**KITCHEN AREA**

- Any signs of water leaks Y or N
- Any signs of water damage Y or N
- Any signs of mildew or mold Y or N
- Any signs of drywall damage Y or N

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LIVING ROOM & BEDROOMS**

- Any signs of water leaks Y or N
- Any signs of water damage Y or N
- Any signs of mildew or mold Y or N
- Any signs of drywall damage Y or N

Any signs of water intrusion on ceilings, please state location of any water spots

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional Notes or Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\*NOTE: Please provide a photo of any damage found\*\***

\_\_\_\_\_  
 Person Who Provide Visual Inspection