

# Structure Assessment

## Master Form

| Location Information                                               |                                     |                            |                                           |                     |
|--------------------------------------------------------------------|-------------------------------------|----------------------------|-------------------------------------------|---------------------|
| Owner                                                              | RIOLO, GIORGIO & ROSARIA            | Block-Lot-Qualifier        | 210.21-16                                 |                     |
| Address                                                            | 20 CABANA DR                        |                            |                                           |                     |
| Latitude                                                           |                                     | Longitude                  |                                           |                     |
| Project Types Identified by Inspector                              |                                     |                            |                                           |                     |
| Elevation                                                          | Acquisition                         | PPDR                       | Demo                                      | Wind                |
| Yes                                                                | No                                  | Yes                        | No                                        | Yes                 |
| Right of Entry (ROE)                                               |                                     |                            |                                           |                     |
| Is there an ROE on file for property?                              |                                     | No                         | If no, was an ROE signed in the field? No |                     |
| Comments                                                           |                                     |                            |                                           |                     |
| Structure General Information                                      |                                     |                            |                                           |                     |
| Original Year Built                                                | 1975                                | Historic Structure?        | No                                        |                     |
| Building Use                                                       | Building Sub-Use                    | Contruction Type           | Foundation Type                           | Superstructure      |
| Residential                                                        | Single Family Dwelling              | Wood                       | Crawlspace                                | Stud-framed         |
| Basement Present?                                                  | No                                  | Number of Stories          | 2                                         |                     |
| Roof Type                                                          | Shingles - Asphalt, Wood (Standard) | Exterior Finish            | Siding or Stucco (Standard)               |                     |
| HVAC                                                               | Heating and/or Cooling              | Structure Quality          | Good                                      |                     |
| Heated Square Footage                                              | 1480                                | Structural Footprint (sf)  | 1480                                      |                     |
| Elevation of lowest finished floor, above grade (feet)             |                                     |                            | 0.5                                       |                     |
| Are there any structure additions post original construction date? |                                     |                            | No                                        |                     |
| If yes, describe nature of additions.                              |                                     |                            |                                           |                     |
| Decks?                                                             | No                                  | Porches?                   | No                                        | Exterior stairs? No |
| Potential ADA occupant?                                            | Unknown                             | ADA written certification? | Unknown                                   |                     |
| Other habitable structures?                                        |                                     |                            |                                           |                     |
| General Notes                                                      |                                     |                            |                                           |                     |
|                                                                    |                                     |                            |                                           |                     |

## Home Owner Interview

| Inspector Information |                                        |                |             |                  |
|-----------------------|----------------------------------------|----------------|-------------|------------------|
| Inspection Date       | 5/6/2018 3:42 PM                       | Inspector Name | Gary Ferenz | Inspector Area A |
| Inspector Sub-Area    | G                                      |                |             |                  |
| Filter ID:            | {A5AA9A08-67C2-4E90-A2EA-68A56D7B4CBA} |                |             |                  |

## Structure Assessment

| Location Information                                                                                      |                          |                                                |                     |                                 |
|-----------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------|---------------------|---------------------------------|
| Owner                                                                                                     | RIOLO, GIORGIO & ROSARIA |                                                | Block-Lot-Qualifier | 210.21-16                       |
| Address                                                                                                   | 20 CABANA DR             |                                                |                     |                                 |
| Latitude                                                                                                  |                          | Longitude                                      |                     |                                 |
| Owner Information                                                                                         |                          |                                                |                     |                                 |
| Was the homeowner interviewed?                                                                            | No                       | Were door hanger and forms left for homeowner? |                     | Yes                             |
| Last Name, First Name                                                                                     | RIOLO, GIORGIO & ROSARIA |                                                |                     |                                 |
| Owner Address                                                                                             | 3 JEFFERSON DR           | BRICK NJ                                       |                     | 08724                           |
| Who Occupies Structure?                                                                                   | Primary                  |                                                |                     |                                 |
| Home Phone Number                                                                                         |                          | Cell Phone Number                              |                     |                                 |
| Email Address                                                                                             |                          |                                                |                     |                                 |
| Homeowner Questions                                                                                       |                          |                                                |                     |                                 |
| Was the Voluntary Participation Form Signed?                                                              |                          | No                                             |                     |                                 |
| Does the Owner Have an Elevation Certificate?                                                             |                          | If yes, what is the elevation? (in feet)       |                     | Datum on Elevation Certificate? |
| No                                                                                                        |                          |                                                |                     |                                 |
| Damage Information Reported by Homeowner                                                                  |                          |                                                |                     |                                 |
| Did you take any action to avoid damage to your property?                                                 |                          |                                                |                     |                                 |
| Has any Sandy-related damage been repaired?                                                               |                          | No                                             |                     |                                 |
| If yes, what was the cost of the repairs?                                                                 |                          | \$ 0.00                                        | Comments            |                                 |
|                                                                                                           |                          |                                                |                     |                                 |
| Have any applications for federal assistance or insurance claims been made or any payments been received? |                          |                                                |                     |                                 |
| No                                                                                                        |                          |                                                |                     |                                 |
| If yes, please briefly describe.                                                                          |                          |                                                |                     |                                 |
| Structure and Other Historical Losses                                                                     |                          |                                                |                     |                                 |
|                                                                                                           |                          |                                                |                     |                                 |
| Reported Hazards                                                                                          |                          |                                                |                     |                                 |
| Hazard                                                                                                    |                          |                                                |                     |                                 |
| Location Description                                                                                      |                          |                                                |                     |                                 |
| Potential Mitigation Action                                                                               |                          |                                                |                     |                                 |

### Structure Details for Elevation

|                       |                                        |                |                    |
|-----------------------|----------------------------------------|----------------|--------------------|
| Location Information  |                                        |                |                    |
| Inspector Information |                                        |                |                    |
| Inspection Date       | 5/6/2013 6:42:13 PM                    | Inspector Name | Gary Ferenz        |
|                       |                                        | Inspector Area | A                  |
|                       |                                        |                | Inspector Sub-Area |
|                       |                                        |                | G                  |
| Filter ID:            | {A5AA9A08-67C2-4E90-A2EA-68A56D7B4CBA} |                |                    |

## Structure Assessment

|                 |                          |                            |           |
|-----------------|--------------------------|----------------------------|-----------|
| <b>Owner</b>    | RIOLO, GIORGIO & ROSARIA | <b>Block-Lot-Qualifier</b> | 210.21-16 |
| <b>Address</b>  | 20 CABANA DR             |                            |           |
| <b>Latitude</b> |                          | <b>Longitude</b>           |           |

## Structure Assessment

|                                                          |         |
|----------------------------------------------------------|---------|
| Is Elevation of Utilities Needed?                        | No      |
| If yes, which utilities?                                 |         |
| Proposed Foundation Type                                 |         |
| Is there risk of asbestos?                               | No      |
| Are hazardous materials present?                         | No      |
| Are the windows and doors square?                        | Yes     |
| Is the roof sagging between rafters?                     | No      |
| Are the roof ridge lines level?                          | Yes     |
| Are the roof lines straight?                             | Yes     |
| Are there any loose roof-to-wall connections?            | No      |
| Are the walls plumb?                                     | Yes     |
| Is the chimney leaning?                                  | No      |
| Is the siding intact?                                    | Yes     |
| Are drywall seams or nailing showing?                    | Unknown |
| If commercial structure, describe any damage to signage. | 0%      |

**List and describe any visible or hazardous materials or necessary repairs.**

driveway needs replaced and various debris removal is suggested

**List and describe any vulnerability to other hazards at the site (sinkhole, erosion, etc).**

## Structure Wind Details

## Location Information

## Inspector Information

**Inspection Date** 5/6/2013 6:42:13 PM **Inspector Name** Gary Ferenz **Inspector Area** A **Inspector Sub-Area** G  
**Filter ID:** {A5AA9A08-67C2-4E90-A2EA-68A56D7B4CBA}

# Structure Assessment

|                                                           |                          |                              |                     |           |
|-----------------------------------------------------------|--------------------------|------------------------------|---------------------|-----------|
| Owner                                                     | RIOLO, GIORGIO & ROSARIA |                              | Block-Lot-Qualifier | 210.21-16 |
| Address                                                   | 20 CABANA DR             |                              |                     |           |
| Latitude                                                  |                          | Longitude                    |                     |           |
| Structure Wind Details                                    |                          |                              |                     |           |
| Roof Geometry                                             | Hip                      |                              |                     |           |
| Estimated Roof Pitch                                      | Pitched                  |                              |                     |           |
| Roof-to-wall Connections                                  | Unknown                  |                              |                     |           |
| Roof Cover Quality                                        | Good                     |                              |                     |           |
| Secondary Water Resistance                                | Unknown                  |                              |                     |           |
| Wind Debris                                               | Varies by Direction      |                              |                     |           |
| Joist Spacing                                             | Unknown                  |                              |                     |           |
| Roof Frame Type                                           | Wood Truss               |                              |                     |           |
| Masonry Reinforcing                                       | Unknown                  |                              |                     |           |
| Roof Deck Age                                             | Average                  |                              |                     |           |
| Roof Deck Attachment (RDA)                                | Unknown                  |                              |                     |           |
| Number of Gables                                          |                          |                              |                     |           |
| Gable Material                                            | Vinyl                    |                              |                     |           |
| If other, describe                                        |                          |                              |                     |           |
| Number of Gable Vents                                     | 0                        | Number of Skylights          | 0                   |           |
| Soffit Type                                               | Vinyl                    | Other                        |                     |           |
| Garage                                                    | Standard                 |                              |                     |           |
| Windows                                                   |                          |                              |                     |           |
| Number of Windows                                         | High                     | Window Size (Estimate in sf) | Yes                 |           |
| Frame Material                                            | Stud-Framed              |                              |                     |           |
| Is there any apparent wood-rot or damage?                 | No                       |                              |                     |           |
| Are there any additional features affixed to the windows? |                          |                              |                     |           |

## Substantial Damage Information

### Location Information

### Inspector Information

|                 |                                        |                |             |                |   |                    |   |
|-----------------|----------------------------------------|----------------|-------------|----------------|---|--------------------|---|
| Inspection Date | 5/6/2013 6:42:13 PM                    | Inspector Name | Gary Ferenz | Inspector Area | A | Inspector Sub-Area | G |
| Filter ID:      | {A5AA9A08-67C2-4E90-A2EA-68A56D7B4CBA} |                |             |                |   |                    |   |

## Structure Assessment

|                                                     |                          |                                      |           |
|-----------------------------------------------------|--------------------------|--------------------------------------|-----------|
| Owner                                               | RIOLO, GIORGIO & ROSARIA | Block-Lot-Qualifier                  | 210.21-16 |
| Address                                             | 20 CABANA DR             |                                      |           |
| Latitude                                            |                          | Longitude                            |           |
| <b>Sandy-Substantial Damage Information</b>         |                          |                                      |           |
| Is there debris from Sandy present on the property? |                          | Yes                                  |           |
| <b>Percent Damaged</b>                              |                          |                                      |           |
| Foundation                                          | 0%                       | Floor Finish                         | 0%        |
| Superstructure                                      | 0%                       | Plumbing                             | 0%        |
| Roof Covering                                       | 0%                       | Electrical                           | 0%        |
| Exterior Finish                                     | 0%                       | Appliances                           | 0%        |
| Interior Finish                                     | 0%                       | HVAC                                 | 0%        |
| Doors/Windows                                       | 0%                       | Signage Damage                       | 0%        |
| Cabinets/Countertops                                | 0%                       |                                      |           |
| <b>Damaged</b>                                      |                          |                                      |           |
| Cause of Damage                                     | Flood                    | Explanation of Other Cause           |           |
| Depth of Flood Above Ground Surface (feet)          |                          | Depth of flood above 1st floor (ft.) |           |
| Duration of flood (hours)                           |                          | Displacement period (days)           |           |
| All openings square?                                | Yes                      | Is home currently habitable?         | No        |
| Damage Notes                                        |                          |                                      |           |

## Historical Losses

|                              |                                        |                     |             |
|------------------------------|----------------------------------------|---------------------|-------------|
| <b>Location Information</b>  |                                        |                     |             |
| Owner                        | RIOLO, GIORGIO & ROSARIA               | Block-Lot-Qualifier | 210.21-16   |
| <b>Inspector Information</b> |                                        |                     |             |
| Inspection Date              | 5/6/2013 6:42:13 PM                    | Inspector Name      | Gary Ferenz |
|                              |                                        | Inspector Area      | A           |
|                              |                                        | Inspector Sub-Area  | G           |
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# Structure Assessment

|                                           |                        |                                                           |                                   |
|-------------------------------------------|------------------------|-----------------------------------------------------------|-----------------------------------|
| Address                                   | 20 CABANA DR           |                                                           |                                   |
| Latitude                                  |                        | Longitude                                                 |                                   |
| Historical Losses Reported by Homeowner   |                        |                                                           |                                   |
| Date of Event                             | 10/29/2012<br>12:00 AM | Event Name and/or Type                                    | Superstorm Sandy                  |
| Event Frequency                           |                        | Frequency Comments                                        |                                   |
| Cause of Damage                           |                        |                                                           |                                   |
| Cause of Damage                           | Flood                  |                                                           |                                   |
| Other cause of damage (please describe)   |                        |                                                           |                                   |
| Source of flooding (if applicable)        |                        |                                                           |                                   |
| Damages and Description                   |                        |                                                           |                                   |
|                                           |                        |                                                           |                                   |
| Back-up Documentation Description         |                        |                                                           |                                   |
|                                           |                        |                                                           |                                   |
| Displacement from residence period (days) |                        | Duration of flooding (hours)                              |                                   |
| Depth of flood above first floor (feet)   |                        | Depth of flood above ground surface/adjacent grade (feet) |                                   |
| Frequency of flooding                     |                        |                                                           |                                   |
| Type of Service Interruption              |                        |                                                           |                                   |
| Service                                   | Interrupted            | Duration (days)                                           | Comments or Notes on Interruption |
| Water                                     | No                     |                                                           |                                   |
| Sewer                                     | No                     |                                                           |                                   |
| Trash                                     | No                     |                                                           |                                   |
| Electrical                                | No                     |                                                           |                                   |
| Roads                                     | No                     |                                                           |                                   |
| Other                                     | No                     |                                                           |                                   |

*Photos*

|                       |                                        |                |                    |
|-----------------------|----------------------------------------|----------------|--------------------|
| Inspector Information |                                        |                |                    |
| Inspection Date       | Inspector Name                         | Inspector Area | Inspector Sub-Area |
| Filter ID:            | {A5AA9A08-67C2-4E90-A2EA-68A56D7B4CBA} |                |                    |

# Structure Assessment



Structure-210.21-16-201305060952\_27.jpg



Structure-210.21-16-201305060952\_52.jpg

## Inspector Information

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# Structure Assessment



Structure-210.21-16-201305060953\_28.jpg



Structure-210.21-16-201305060952\_10.jpg

## Inspector Information

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