

Location Checklist

Site Information:

Address: _____

City: _____ State: _____ Zip: _____

Rent (PSF.): _____

Taxes (PSF): _____

Common Area Maintenance (PSF): _____

Visibility: Site Side _____ Opposite Side _____

Access:

Number of Curb cuts: _____

Traffic Signal _____ Stop Sign _____ None _____

Signage: Pole _____ Shared _____ Building _____

Shared Signage (Size Allowed): _____ Est. Signage Costs

Type of Store Sign (Can, Fascia, Wood, etc.): _____

Parking:

Total Number of Spaces (Include ADA Spaces): _____

Condition of Lot: _____

Lot Lighting: _____

Traffic Count: _____

Crime/Graffiti: _____

Strategic Position: _____ AM / PM _____

Zoning Designation: _____ Use Allowed: Y / N

Type of Property (Circle One):

Freestanding Shopping Center Central Business District Mall Kiosk

Shopping Center Size (Total Square Feet): _____

CAM Charges Per Square Foot: \$ _____ Estimated Yearly CAM Charges:

Competition (Within Trading Area):

Name	Address	Location (B/W)	Operations (B/W)
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Interior Information:

Dimensions: _____

Leaseable Square Feet: _____

Rentable Square Feet: _____

Demolition:

Estimated Costs:

Electric Power (amps): _____

Location: _____

Condition: _____ Estimated Upgrade Cost:

Water Service:

Size & Location: _____

Condition: _____ Estimated Upgrade Cost:

Gas Service:

Size & Location: _____

Condition: _____ Estimated Upgrade Cost:

Sewer Service:

Size & Location: _____

Condition: _____ Estimated Upgrade Cost:

HVAC (tonnage): _____

Condition: _____ Estimated Upgrade Cost:

Telephone / DHL: _____

Condition: _____ Estimated Upgrade Cost:

Bathroom(s):

Number & Location: _____

Condition: POOR [] GOOD [] EXCELLENT []

ADA Compliant: YES [] NO [] Estimated Upgrade Cost:

Estimated First Year Occupancy Costs: \$ _____
(Rent, CAM, Taxes, Ins, utilities & Trash)

Estimated Demolition Costs: \$ _____

Estimated Construction Costs: \$ _____

Year One Capital Required: \$ _____

Owners Information:

Name: _____ D/B/A: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ - _____

Facsimile Number: (____) _____ - _____

Email Address: (____) _____ - _____

Owner's Attorney's Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ - _____

Facsimile Number: (____) _____ - _____

Email Address: (____) _____ - _____

Sketch Diagram of Site

