



VAIL HOME & CONDO
Inspections

Vail Home and Condo Inspections

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The following report is a list of the components in the property known as 2865 Aspen Way unit A and the condition or deficiencies found therein. The conditions and deficiencies are the professional opinion of the inspector and are relative to the type of property and its use considering normal wear and tear. A separate warranty may be available for purchase.

EXTERIOR

In the case of an association-managed building there are many common exterior components. Only the unit specific to this inspection and its particular exterior space is inspected unless otherwise noted.

	Not Applicable	Acceptable	Requires Repair/Replacement (Notes)
Roof:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NOTE: Some of the interior roof rafters show signs of water leakage (water stains in spots). The roof appears to have been recently replaced and these issues appear to no longer exist.
Gutters:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stucco/Masonry:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decks, Railings, Patio(s):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drainage:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Siding Trim/Paint:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NOTE: The siding appears in good condition. Sheet metal has been installed to cover the siding for protection from areas of the siding that has soil/ground contact. During times of intense rain and snow melt some water will drain behind the metal as it was not properly flashed.
Stairs & Walkways:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driveway(s):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Retaining Walls:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Landscape Features:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrigation System/Sprinklers*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Doors & Seals:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hose Bibs:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Foundation:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wood <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Other			
Framing:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Woodframe <input type="checkbox"/> Steel <input type="checkbox"/> Log <input type="checkbox"/> Other			
Basement:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Due to the subterranean nature of irrigation systems, only visible aspects of system can be assessed. It is recommended that a specialist or Professional is hired to determine the system's condition.*

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MECHANICAL

Mechanical systems are checked for general working condition. Any visible leaks or vent problems are noted. Inspector is unable to determine condition of internal functioning or wiring. A specialist may be needed to determine and assess specific problems.

	Not Applicable	Acceptable	Requires Repair/Replacement (Notes)
Heating System:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Type: <input checked="" type="checkbox"/> Boiler <input type="checkbox"/> Furnace <input type="checkbox"/> Electric <input type="checkbox"/> Other			
Fire Sprinklers*:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Conditioning:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Alarms:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vent Fans:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Basement West bathroom the vent fan needs to be cleaned and adjusted as the unit was a bit noisy when tested.
Built-in Ventilation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central Vacuum:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humidifier:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <u>Master bedroom heater</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> In the master bedroom the room contains an electrical heating unit. The unit appears in good working order.

* Inspector cannot test fire sprinklers. Only leaks or other visible problems will be noted.

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ELECTRICAL

It is common for aluminum wiring to be found. If it is necessary to determine the extent of aluminum wiring an electrician may need to be hired.

	Not Applicable	Acceptable	Requires Repair/Replacement (Notes)
Main Electrical Service:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electrical Breaker Panel(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> One of the electrical sub panels is missing a knock out for an electrical breaker. All other panels appear in good order.
Electrical Outlets:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> PIC 1: In the master bedroom bath the GFI electrical outlet for the left sink has an open ground wire. The GFI outlet also failed to trip when testing.
Electrical Switches:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lighting:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Power to Appliances:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ceiling Fans:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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APPLIANCES

All freestanding and built-in appliances will be tested for proper and acceptable working condition. Normal wear and tear will not be noted.

	Not Applicable	Acceptable	Requires Repair/Replacement (Notes)
Range:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cook top:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oven(s):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vent Hood/Downdraft:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Microwave:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Refrigerator:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Freezer:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Icemaker:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dishwasher:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Washing Machine:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clothes Dryer:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Garbage Disposal:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trash Compactor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* A visual inspection is performed for mold and other problems due to water; however, past water problems may contribute to mold, which may not be visible. In such a case mold may not be noted unless actually found. If the property inspected was built prior than 1979 than there is a possibility that it contains asbestos and lead paint. It is recommended that a specialist or Professional is hired to determine the materials existence.

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INTERIOR CONSTRUCTION

** A visual inspection is performed for mold and other problems due to water; however, past water problems may contribute to mold, which may not be visible. In such a case mold may not be noted unless actually found. If the property inspected was built prior than 1979 than there is a possibility that it contains asbestos and lead paint. It is recommended that a specialist or Professional is hired to determine the materials existence*

	Not Applicable	Acceptable	Requires Repair/Replacement (Notes)
Interior Doors:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> PIC 2: The door from the garage to inside the unit rubs against the frame a bit and the door jam is missing a section. PIC 3: The door to the 2nd level West bedroom has some surface damage (animal scratches).
Doorstops:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Door Screens:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walls and Ceilings:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Windows:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> PIC 4: In the East bedroom basement level a casement window (South facing) does not shut flush to the window jam (unable to latch and lock). PIC 5: In the basement living room the far North (East Facing) awning window failed to operate at the time of the inspection (does not open). PIC 6: In the basement living room one of the South facing casement windows appear to have moisture between the glass panes. It appears that the seals have been broken.
Window Screens:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Woodwork:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Railings & Stairs:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carpeting:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tile or Stone Flooring:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wood Flooring:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Man-Made Composite Floors:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mirrors:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kitchen Cabinetry:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kitchen Counters:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Built-in Cabinetry:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water Problems* (e.g. mold):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl Space:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <u>Sauna</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NOTE: The home contains a sauna unit. The unit was not ran and tested, however visually it appears in good condition.

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PLUMBING

The inspection of many internal components is limited to visual & functional inspection. In many cases it is not possible to check internal conditions. If detailed check of internal condition is desired, it is recommended that owner authorize the hiring of a specialist.

	Not Applicable	Acceptable	Requires Repair/Replacement (Notes)	
Sinks/Drains/Faucets	Kitchen:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Laundry Area:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Master Bath:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Powder Room:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bath #1: <u>West</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>Basement Bath</u>			
	Bath #2: <u>East Basement</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>Bath</u>			
	Bath #3: <u>2nd level West</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Bath #4: <u>2nd level East</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bath #5: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Not Applicable	Acceptable	Requires Repair/Replacement (Notes)	
Toilets	Laundry Area:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Master Bath:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Powder Room:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bath #1: <u>West</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>Basement Bath</u>			
	Bath #2: <u>East</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>Basement Bath</u>			
	Bath #3: <u>2nd level West</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bath #4: <u>2nd level East</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Bath #5: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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PLUMBING

The inspection of many internal components is limited to visual & functional inspection. In many cases it is not possible to check internal conditions. If detailed check of internal condition is desired, it is recommended that owner authorize the hiring of a specialist.

		Not Applicable	Acceptable	Requires Repair/Replacement (Notes)	
Miscellaneous Plumbing	Steam Shower:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Jetted Tub(s):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Instant Hot Water Sys.:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Water Purification Syst.:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Other:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>Water Supply & Drain for:</u>				
	Dishwasher:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Washing Machine:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Water Softener:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Water Meter:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Dishwasher:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Water Heater:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Age: 9/2006 Size: 2x50 gallons		Type: <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Common			

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BATH ACCESSORIES

BATH ACCESSORIES				
	Not Applicable	Acceptable	Requires Repair/Replacement (Notes)	
Tub/Shower Doors	Laundry Area:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Master Bath:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Powder Room:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bath #1: <u>West</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Basement Bath</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Bath #2: <u>East Basement</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Bath</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Bath #3: <u>2nd level West</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bath #4: <u>2nd level East</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Bath #5: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Towel & Paper Bars	Laundry Area:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Master Bath:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Powder Room:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bath #1: <u>West</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Basement Bath</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Bath #2: <u>East Basement</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Bath</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Bath #3: <u>2nd level West</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bath #4: <u>2nd level East</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Bath #5: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cabinetry	Laundry Area:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Master Bath:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Powder Room:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bath #1: <u>West</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Basement Bath</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Bath #2: <u>East Basement</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Bath</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Bath #3: <u>2nd level West</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bath #4: <u>2nd level East</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Bath #5: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Counters/Tilework	Laundry Area:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Master Bath:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Powder Room:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bath #1: <u>West</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Basement Bath</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Bath #2: <u>East Basement</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Bath</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Bath #3: <u>2nd level West</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bath #4: <u>2nd level East</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> PIC 7: The grout around the rim of the bathtub in the 2nd level East bathroom is deteriorating in spots.	
Bath #5: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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FIREPLACE #1*				
Location: Living Room				
Type: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Wood Burning <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other				
	Not Applicable	Acceptable	Requires Repair/Replacement (Notes)	
General Operation:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Damper Operation:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Glass or Panel Door(s):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Screen (Fixed or Operable)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Hearth:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Mantle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

FIREPLACE #2*				
Location:				
Type: <input type="checkbox"/> Gas <input type="checkbox"/> Wood Burning <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other				
	Not Applicable	Acceptable	Requires Repair/Replacement (Notes)	
General Operation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Damper Operation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Glass or Panel Door(s):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Screen (Fixed or Operable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearth:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mantle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Any fireplace system may need professional cleaning and/or inspection.*

MISCELLANEOUS*					
	Tested	Not Tested	Not Applicable	Acceptable	Requires Repair/Replacement (Notes)
Security System:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intercom/Sound Sys:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sauna:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Tub:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbeque:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage Floor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Garage Door/Opener:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Each system is specialized and has a hidden nature according to its use. It is recommended that a professional assess each area.*