



**Iowa Department of Transportation**  
OFFICE OF RIGHT OF WAY - RELOCATION

**COMPARABLE INSPECTION SHEET**

ROOM DIMENSIONS	LISTING or SELLING INFORMATION
Living Room _____	Firm: _____
Dining Room _____	Agent: _____
Kitchen _____	Type of Listing: MLS
Bedroom(s) _____	Reference No: _____
_____	Tel. No.: _____
_____	Listing/Rental Price:\$ _____
_____	Average Utilities \$ _____
Other _____	Comp Address: _____
_____	City: _____
	Location/Directions: _____
	Type of Property: Urban

USE: Single Family

**SCHOOLS:**

Elementary \_\_\_\_\_  
Middle \_\_\_\_\_  
High School \_\_\_\_\_

**OFF-SITE:**

Paved Street  
 Gravel Street/Road  
 Curb & Gutter

Lot Size: \_\_\_\_\_

Type of House: \_\_\_\_\_  
Siding Type: \_\_\_\_\_  
Windows: \_\_\_\_\_  
Other: \_\_\_\_\_

Condition: \_\_\_\_\_  
Condition: \_\_\_\_\_

**EXTERIOR**

Construction: Frame  
Foundation: \_\_\_\_\_  
Roof: Asphalt

Age: \_\_\_\_\_  
Condition: \_\_\_\_\_  
Condition: \_\_\_\_\_  
State of Repair: \_\_\_\_\_

**INTERIOR**

Gross Area: \_\_\_\_\_ S.F.  
Yes

Habitable Area: \_\_\_\_\_ S.F.

Meets Habitable Area Standard:

Number of Rooms: \_\_\_\_\_

Including \_\_\_\_\_ Bedrooms

Safe, Unobstructed Egress: Yes

<u>Bathroom: No.</u> _____	Yes	No
a. Well Lighted	<input type="checkbox"/>	<input type="checkbox"/>
b. Ventilated	<input type="checkbox"/>	<input type="checkbox"/>
c. Bath Tub/Shower	<input type="checkbox"/>	<input type="checkbox"/>
d. Lavatory	<input type="checkbox"/>	<input type="checkbox"/>
e. Hot and Cold Water	<input type="checkbox"/>	<input type="checkbox"/>
f. Flush Water Closet	<input type="checkbox"/>	<input type="checkbox"/>
g. Connection to Sewage System	<input type="checkbox"/>	<input type="checkbox"/>
h. Affords Privacy	<input type="checkbox"/>	<input type="checkbox"/>

<u>Kitchen Area Contains:</u>	Yes	No
a. Sink in good working condition with hot and cold water	<input type="checkbox"/>	<input type="checkbox"/>
b. Sewage Disposal System	<input type="checkbox"/>	<input type="checkbox"/>
c. Utility Service Connections	<input type="checkbox"/>	<input type="checkbox"/>
d. Space for Installation of Appliances	<input type="checkbox"/>	<input type="checkbox"/>

Main Floor Laundry: No

Type of Heating System: Forced Air Adequate? Yes  
Adequate Supply of Potable Water? Yes  
Provision for Artificial Lighting Each Room: Yes

A/C \_\_\_\_\_

If Rental, Furnished? No

Basement: \_\_\_\_\_ Finished: \_\_\_\_\_ %  
Garage: None \_ Car

Adequate Egress for Livable Use: No

**UTILITIES:**

- Electricity:       110 Volts    220 Volts
- Heating             Propane         Natural Gas             Electric
- Water                 Public Water    Well
- Sewer                 Public Sewer    Septic System
- Sump Pump         Smoke Alarm, No. \_\_\_\_\_       Security System

Miscellaneous Features: \_\_\_\_\_  
 Inspection Comments: \_\_\_\_\_

*This house has been viewed and to the best of my knowledge does not meet the requirements for decent safe and sanitary housing in accordance with 49 CFR, Part 24-Uniform Relocation Assistance and Real Property Acquisition for Federal and Federally Assisted Programs and Divisions of Highway Department Rules.*

By: \_\_\_\_\_

Relocation Advisor

\_\_\_\_\_ Date

Comparable

<b>Total estimated cost of new replacement housing</b>	\$
<b>Less estimated value of the residential portion of the taking</b>	_____
<b>TOTAL DIFFERENCE</b>	\$

It is my understanding that this determination may be used in connection with a Federal Aid highway project.

I hereby certify that I have no direct or indirect present or contemplated personal interest in this transaction; that I will not derive any benefit from the supplemental payment provided; that compensation for this determination of supplemental payments is not contingent upon any value conclusions as herein set forth and that the statements herein are true to the best of my knowledge and belief.

Signed \_\_\_\_\_  
 \_\_\_\_\_, Relocation Assistance Advisor

\_\_\_\_\_ Date