

ROGER PETTINGELL

Luxury Waterfront Specialist

Office: 941-387-1840 • Mobile: 941-586-6668

roger@pettingell.com • longboatrealestate.com • bestsarasotarealestate.net

FREQUENTLY ASKED QUESTIONS

Date: _____

Property Address: 4646 HIDDEN FOREST DR Community Name: HIDDEN FOREST SEC 2

HOME • BUILDER • WARRANTY

Builder: YODER ENTERPRISES INC. Architect: N/A

Year built: 1998 Survey provided: Yes No Renovations: Yes No (attach details)

Home warranty included? Yes No Provider: _____

Is the home warranty transferable? Yes No

Is the property located on water? Yes No Water depth: _____ High Tide: _____

Low Tide: _____ Seawall: Concrete Riprap Other None Seawall age: _____

Dock: Yes No Boat Lift: Yes No Lift weight limit: _____ Lift age: _____

Boating access: Yes No Bay access: Yes No Beach access: Yes No Bridge: Yes No

WINDOWS/SLIDERS

Windows: Age: 2015 Storm impact: Yes No Storm shutters: Yes No

Sliders: Age: 2015 Storm impact: Yes No Storm shutters: Yes No

APPLIANCES

Refrigerator: Age: 1 Brand: SAMSUNG

Cooktop: Age: 10 Brand: GE

Oven: Age: 10 Brand: GE

Dishwasher: Age: 10 Brand: KITCHEN AID

Dryer: Age: 4 Brand: LG

Washer: Age: 4 Brand: LG

Water Heater: Age: 1 Brand: AMANA

Air Conditioner(s): Age: _____ Brand: _____

Number of zones: 2 Number of units: 2

Service contract: Yes No Provider: _____

UTILITIES • AVERAGE MONTHLY COSTS • PROVIDERS

Electricity: \$ 325.00 Provider: FPL

Gas: \$ _____ Provider: _____

Water: \$ \$175 Provider: SARASOTA COUNTY PUBLIC UTILITIES

Cable: \$ _____ Provider: _____

Telephone: \$ _____ Provider: _____

Internet: \$ _____ Provider: _____

SERVICES • AVERAGE MONTHLY COSTS • PROVIDERS

Cleaning: Yes No \$ 250.00 Provider: _____
Lawn: Yes No \$ _____ Provider: _____
Pest: Yes No \$ 38.00 Provider: _____
Termite: Yes No \$ _____ Provider: _____

Swimming Pool

Private pool: Yes No Community pool: Yes No Pool service: Yes No
Monthly service cost \$ 85.00 Service provider: TROPIC POOL CLEANING

Age of pool: 20 YEARS Depth: 6' Length: _____ Pool Heated: Yes No

Heated Spa: Yes No Pool Features: Heat pump Solar heated Gas Chlorine Salt

New pool heater? Yes No Date: _____ New pool pump? Yes No Date: _____

Pool resurfaced? Yes No Date: _____

INSURANCE

Elevation Certificate provided? Yes No Declaration page for each policy provided? Yes No

Hazard: Yes No \$ 2523.00 Provider: _____

Wind: Yes No \$ _____ Provider: _____

Flood: Yes No \$ _____ Provider: _____

Contents: Yes No \$ _____ Provider: _____

ASSOCIATIONS

Homeowner's OR Condo association: Yes No Mandatory Optional
\$ _____ Monthly Quarterly Annually

Association documents provided: Bylaws Budget Financials

Name of management company: _____

Contact: _____

Phone/Email: _____

Fee(s) include: Water/Sewer: Yes No

Cable: Yes No

Lawn maintenance: Yes No

Mandatory memberships: Yes No

Insurance: Yes No

Additional items included with fee(s)? _____