



**LEASE MARKET SURVEY
FOR EXISTING BUILDING**

| GENERAL INFORMATION | | |
|--|--|---|
| Customer Requesting Space | | Survey Location |
| XXXXXX | | XXXXXX |
| Realty Specialist/GSA Broker | | Customer Representative |
| Name: <u>XXXXX</u> Company (if Broker): <u>XXXXX</u> | | Name: <u>XXXXX</u> Title: <u>XXXXX</u> |
| Amount of Space/Sq. Ft. (Rentable & Usable) | Type | Date of Survey |
| XXXXXX | <input type="checkbox"/> Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Special (ex. RETAIL, FLEX, LAB) XXXXX | MM-DD-YYYY |
| BUILDING INFORMATION | | |
| Building Name | Building Address | |
| XXXXXX | STREET EXTRA LINE IF NEEDED CITY, ST ZIP | |
| Owner/Agent & Company Name | Address | Phone # |
| XXXXXX | STREET EXTRA LINE IF NEEDED CITY, ST ZIP | (###) ###-#### Ext. ##### |
| Space Available | | |
| Floor # | Common Area Factor % | Amount (Sq. Ft.) |
| a. XXXXX | a. XXXXX | a. XXXXX |
| b. XXXXX | b. XXXXX | b. XXXXX |
| c. XXXXX | c. XXXXX | c. XXXXX |
| Total Space in Building: | | XXXXXX |



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Asking Price

- a. Rent/month \$XXXXX or Rent/sq. ft. per year (note type of measurement being used) \$ XXXXX
b. Services & utilities included: Yes No
c. Alterations included: XXXXX
d. Allowance for Tenant Improvements (per sq. ft.): \$ XXXXX
e. Overtime HVAC: Rate Per Hour = \$XXXXX Rate Per Zone = \$ XXXXX
f. Building amenities: (ex. conference rooms, business center, cafeteria, health/fitness center, child care facility, etc.) XXXXX
g. Other remarks: XXXXX

Table with 2 columns: Building Location and Zoning Conforms to Government Use. Building Location includes checkboxes for Central Business Dist, Office Park, Urban Renewal, Commercial, Industrial, Residential. Zoning Conforms to Government Use includes checkboxes for Yes and No.

Historic Information

- a. Building Age: XXXXX
b. On Historic Register: Yes No
c. Other: XXXXX
Is Building:
a. Historic and in a Historic District: Yes No
b. Non-historic in a Historic District: Yes No
c. Historic in a Non-historic District: Yes No

EXTERIOR INFORMATION

(Upload Photo to eLease or attach here)



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| Appearance of Structure | | Appearance of Grounds | |
|--|---|---|--|
| <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | | <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | |
| Exterior Building Design | | Exterior Facing Material | |
| <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Single-Core <input type="checkbox"/> Multi-Core <input type="checkbox"/> Adaptive Re-use <input type="checkbox"/> Office Park <input type="checkbox"/> Free-Standing Conversion | | <input type="checkbox"/> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> Glass <input type="checkbox"/> Steel <input type="checkbox"/> Marble <input type="checkbox"/> Stone <input type="checkbox"/> Other <i>Specify</i> | |
| INTERIOR INFORMATION | | | |
| Interior Walls (Current Condition) | | | |
| Type | Office Space Covering | Public Areas Covering | Columns |
| <input type="checkbox"/> Drywall/Sheetrock <input type="checkbox"/> Plaster <input type="checkbox"/> Other <i>Specify</i> | <input type="checkbox"/> Paint <input type="checkbox"/> Vinyl <input type="checkbox"/> Wallpaper <input type="checkbox"/> Panel <input type="checkbox"/> Other <i>Specify</i> | <input type="checkbox"/> Paint <input type="checkbox"/> Vinyl <input type="checkbox"/> Wallpaper <input type="checkbox"/> Panel Shell Space will conform to SFO <input type="checkbox"/> Yes <input type="checkbox"/> No | Size: <u>XXXXX</u> Spacing: <u>XXXXX</u> Feet on Center: <u>XXXXX</u> |
| Lighting (Current Condition) | | | |
| Type | Height | Outside Lighting | |
| <input type="checkbox"/> Fluorescent <input type="checkbox"/> Parabolic <input type="checkbox"/> Incandescent <input type="checkbox"/> Flush <input type="checkbox"/> Suspended <input type="checkbox"/> Recessed <input type="checkbox"/> Other <i>Specify</i> | <u>XXXXX</u> " to <u>XXXXX</u> " | Well-lit <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Ceiling (Current Condition) | | | |
| Type | Height | | |
| <input type="checkbox"/> Acoustical <input type="checkbox"/> Tile <input type="checkbox"/> Unfinished <input type="checkbox"/> Plaster <input type="checkbox"/> Suspended <input type="checkbox"/> Other <i>Specify</i> | <u>XXXXX</u> " to <u>XXXXX</u> " | | |
| Windows (Current Condition) | | | |
| In Space Offered | Frame | Type | Coverings |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Will Provide <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other <i>Specify</i> | <input type="checkbox"/> Fixed <input type="checkbox"/> Double-hung <input type="checkbox"/> Casement <input type="checkbox"/> Other <i>Specify</i> | Blinds <input type="checkbox"/> Yes <input type="checkbox"/> No Type <i>Specify</i> Draperies <input type="checkbox"/> Yes <input type="checkbox"/> No |



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| Floors (Current Condition) | | | | |
|--|--|--|---|--|
| Type | | Covering | | |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Wood | <input type="checkbox"/> Vinyl Tile | <input type="checkbox"/> Carpet | |
| <input type="checkbox"/> Other <i>Specify</i> | | <input type="checkbox"/> Other <i>Specify</i> | | |
| COMMON AREA | | | | |
| Floor Load | | | | |
| Office Space (Minimum: 70 lbs./sq. ft.) | | Storage Areas (100 lbs./sq. ft.) | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Toilet Facilities: General | | | | |
| Each floor has separate men's and women's bathrooms <input type="checkbox"/> Yes <input type="checkbox"/> No | Travel distance is less than 150' (per 10,000 sq. ft.) <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Stalls Men <u>XXXXX</u> Urinals <u>XXXXX</u> Women <u>XXXXX</u> | Number of Sinks Men <u>XXXXX</u> Women <u>XXXXX</u> | Automatic Door Openers Men <u>XXXXX</u> Women <u>XXXXX</u> |
| Toilet Facilities: Measurements | | | | |
| Door Entrance (min. 32") <input type="checkbox"/> Yes <input type="checkbox"/> No Men _____ Women _____ | Door Identification Signs (min. 54" / max. 66") <input type="checkbox"/> Yes <input type="checkbox"/> No | Vestibules (min. 48" not including door swing) <input type="checkbox"/> Yes <input type="checkbox"/> No | Light Switches (min. 42" / max. 54") <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Sink Clearance (min. 29") <input type="checkbox"/> Yes <input type="checkbox"/> No | To Sink Countertop (max. 34") <input type="checkbox"/> Yes <input type="checkbox"/> No | Stall Door (32" swings out) <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Toilet Facilities: Additional Restroom Information | | | | |
| Lever or Push Faucets Men <u>XXXXX</u> Women <u>XXXXX</u> | Door Swing Measurement Men <u>XXXXX</u> Women <u>XXXXX</u> | Turning Diameter (5') Men <u>XXXXX</u> Women <u>XXXXX</u> | Pipes Insulated (Hot water and drain) Men <input type="checkbox"/> Yes <input type="checkbox"/> No Women <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Toilet Facilities: Accessories (towels, soap, etc.) | | | | |
| Front Approach (max. 48") Men <u>XXXXX</u> Women <u>XXXXX</u> | Side Approach (max. 54") Men <u>XXXXX</u> Women <u>XXXXX</u> | Mirror Shelf Men <u>XXXXX</u> Women <u>XXXXX</u> | Soap Reach Men <u>XXXXX</u> Women <u>XXXXX</u> | |



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| Toilet Facilities: Stalls | | | | | | | |
|--|--|--|--|--|--|---|--|
| Wall-Mounted (60" x 56") Men <input type="checkbox"/> Yes <input type="checkbox"/> No <u>XXXXXX</u> Women <input type="checkbox"/> Yes <input type="checkbox"/> No <u>XXXXXX</u> | | Floor-Mounted (60" x 69") Men <input type="checkbox"/> Yes <input type="checkbox"/> No <u>XXXXXX</u> Women <input type="checkbox"/> Yes <input type="checkbox"/> No <u>XXXXXX</u> Floor-Mounted (36" x 69") Men <input type="checkbox"/> Yes <input type="checkbox"/> No <u>XXXXXX</u> Women <input type="checkbox"/> Yes <input type="checkbox"/> No <u>XXXXXX</u> | | Alternate (36" x 69") Men <input type="checkbox"/> Yes <input type="checkbox"/> No <u>XXXXXX</u> Women <input type="checkbox"/> Yes <input type="checkbox"/> No <u>XXXXXX</u> | | | |
| Urinals (Elongated Lip 17" max.) Men <input type="checkbox"/> Yes <input type="checkbox"/> No <u>XXXXXX</u> Height of Flush Valve (44" max.) Men <input type="checkbox"/> Yes <input type="checkbox"/> No <u>XXXXXX</u> | | Toilets (min. 17", max. 19") Men <input type="checkbox"/> Yes <input type="checkbox"/> No <u>XXXXXX</u> Women <input type="checkbox"/> Yes <input type="checkbox"/> No <u>XXXXXX</u> | | Handrails (min. 33", max. 36") Men <input type="checkbox"/> Yes <input type="checkbox"/> No <u>XXXXXX</u> Women <input type="checkbox"/> Yes <input type="checkbox"/> No <u>XXXXXX</u> Diameter (1.25" – 1.5") Men <u>XXXXXX</u> Women <u>XXXXXX</u> Location (each side, side & rear) Men <u>XXXXXX</u> Women <u>XXXXXX</u> | | | |
| Comments: <u>XXXXXX</u> | | | | | | | |
| Drinking Fountains | | | | | | | |
| Drinking Fountains per Floor <input type="checkbox"/> Yes <input type="checkbox"/> No <u>XXXXXX</u> Will Conform to SFO <input type="checkbox"/> Yes <input type="checkbox"/> No | | Travel distance is less than 150' (per 10,000 sq. ft.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | Alcove <input type="checkbox"/> Yes <input type="checkbox"/> No | | Clear floor space (30" x 48") <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Clearance (27") <input type="checkbox"/> Yes <input type="checkbox"/> No <u>XXXXXX</u> | | Height of Spout Control (max. 36" above floor) <input type="checkbox"/> Yes <input type="checkbox"/> No | | Handicap Accessible <input type="checkbox"/> Yes <input type="checkbox"/> No Can be Altered <input type="checkbox"/> Yes <input type="checkbox"/> No | | Comments <u>XXXXXX</u> | |
| Under Floor Ducts | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| Heating | | | | | | | |
| Type | | Fuel | | | | | |
| <input type="checkbox"/> Warm Air <input type="checkbox"/> Hot Air <input type="checkbox"/> Steam <input type="checkbox"/> Other <u>Specify</u> | | <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other <u>Specify</u> | | | | | |



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| Air Conditioning | | |
|--|---|---|
| Type | Fuel | |
| <input type="checkbox"/> Central <input type="checkbox"/> Package <input type="checkbox"/> Window <input type="checkbox"/> Other <i>Specify</i> | <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other <i>Specify</i> | |
| Public Telephones (if provided) | | |
| Front Approach (max. 48") <u>XXXXX</u> | Side Approach (max. 54") <u>XXXXX</u> | |
| Elevators | | |
| Type <input type="checkbox"/> Automatic <input type="checkbox"/> Manual | Number Passenger <u>XXXXX</u> Freight <u>XXXXX</u> | High Hall Call Cab Buttons (max. 54") <u>XXXXX</u> |
| Cab Opening (min. 36") <u>XXXXX</u> Cab Depth (min. 51") <u>XXXXX</u> Cab Width (min. 68") <u>XXXXX</u> | Current Certificate of Inspection <input type="checkbox"/> Yes <input type="checkbox"/> No Current Certificate of Inspection Clearly Visible <input type="checkbox"/> Yes <input type="checkbox"/> No | Two-way Telephone Height (max. 48") <u>XXXXX</u> 24-Hour Monitor: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Load Capacity <input type="checkbox"/> Yes <input type="checkbox"/> No | Elevator Recall to Lobby <input type="checkbox"/> Yes <input type="checkbox"/> No | Firemen's Capture Provides <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Outside Air Intake | | |
| Location | Indoor Air | |
| <input type="checkbox"/> Roof / Penthouse <input type="checkbox"/> Street Level <input type="checkbox"/> Below Street Level <input type="checkbox"/> Other <i>Specify</i> | Quality <u>XXXXX</u> Visible Mold <input type="checkbox"/> Yes <input type="checkbox"/> No Unusual Odors <input type="checkbox"/> Yes <input type="checkbox"/> No Air Intakes close to loading area/garages <input type="checkbox"/> Yes <input type="checkbox"/> No Wet/Damp Area <input type="checkbox"/> Yes <input type="checkbox"/> No | |



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| Parking | |
|--|--|
| Available | Handicapped |
| Location <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> None Total Number of Spaces: <u>XXXXX</u> Rate per Space: \$ <u>XXXXX</u> Type <input type="checkbox"/> Secured <input type="checkbox"/> Garage <input type="checkbox"/> On-Site <input type="checkbox"/> Street Level <input type="checkbox"/> Other <i>Specify</i> Tenant Ratio per Code: <u>XXXXX</u> / <u>XXXXX</u> | Number Available: <u>XXXXX</u> Meets Code <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ENVIRONMENTAL COMPLIANCE | |
| Hazardous Substance | |
| Were hazardous substances ever used on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer the following: a. Provide specifics to contamination (ex. firing range, lab, print shop, parking garage, etc.): <u>XXXXX</u> b. Hazardous Material Storage: <u>XXXXX</u> c. Hazardous Waste Site: <u>XXXXX</u> | |
| Asbestos | |
| Presence in building and or floor(s) offered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer the following: a. Condition: <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable b. Type: <u>XXXXX</u> c. Contained: <u>XXXXX</u> d. Location (insulation, ceiling, floor tiles, etc.): <u>XXXXX</u> e. Abatement program(s) required: <input type="checkbox"/> Yes <input type="checkbox"/> No In place: <input type="checkbox"/> Yes <input type="checkbox"/> No | |



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| Polychlorinated Biphenyls (PCB) | |
|---|--|
| Certification: <input type="checkbox"/> Yes If yes, provide list of all PCB-containing equipment and assurance that they will continue to be maintained. <input type="checkbox"/> No If no, provide list of all PCB-containing equipment and assurance regarding compliance. | |
| Underground Storage Tanks (UST) | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer the following: a. Location: XXXXX b. Capacity/Contents: XXXXX c. Number: XXXXX d. Certification: i. Maintenance XXXXX ii. In compliance with current UST regulations: <input type="checkbox"/> Yes <input type="checkbox"/> No When (date) MM-DD-YYYY | |
| NEPA/Green Lease Requirements | |
| Compliance (Coordinate with your Regional Environmental Quality Advisor): <input type="checkbox"/> CATEX Checklist <input type="checkbox"/> EA <input type="checkbox"/> EIS Meets/willing to meet Green Lease Provisions: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Endangered Species | |
| Is there a presence or likely presence of any federally-designated or state-designated threatened or endangered species on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Wetlands | |
| Are there any known wetlands present on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No Use the appropriate National Wetlands Inventory map to make this determination. | |
| Floodplains | |
| Is the property located in or adjacent to a floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer the following: <input type="checkbox"/> 100 years <input type="checkbox"/> 500 years Review information to determine compliance with state and local laws. | |



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| Coastal Zone Management | | | | | | | | | | | | | | |
|--|---|--|---|--|--|--|---|---|--|---|--|---|---|--|
| Will the leasing action affect coastal resources? <input type="checkbox"/> Yes <input type="checkbox"/> No Federal consistency applies when any direct or location affects any land, water, or natural resources of the coastal zone. No federal activity is exempt from the consistency requirement. | | | | | | | | | | | | | | |
| Traffic Impacts | | | | | | | | | | | | | | |
| a. Location (address, lot, and block #): <u>XXXXX</u> b. Description (use additional sheet if necessary): <u>XXXXX</u> c. Is your action likely to change traffic patterns or increase traffic volumes?: <u>XXXXX</u> d. Have access constraints: <u>XXXXX</u> e. Affect a congested intersection: <u>XXXXX</u> f. Other: <u>XXXXX</u> Please refer to the NEPA Desk Guide to additional examples of traffic impact. | | | | | | | | | | | | | | |
| FIRE PROTECTION / OCCUPATIONAL HEALTH & ENVIRONMENTAL SAFETY | | | | | | | | | | | | | | |
| Security | | | | | | | | | | | | | | |
| <table style="width:100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> No Provisions</td> <td style="width: 33%;"><input type="checkbox"/> Secure Building</td> <td style="width: 33%;"><input type="checkbox"/> Guard in lobby</td> </tr> <tr> <td><input type="checkbox"/> Alarm System</td> <td><input type="checkbox"/> Controlled Entry</td> <td><input type="checkbox"/> Card Key System</td> </tr> <tr> <td><input type="checkbox"/> 24-Hour Guard Service</td> <td><input type="checkbox"/> Elevator Control (Lockoff)</td> <td><input type="checkbox"/> Controlled Garage Entry</td> </tr> <tr> <td><input type="checkbox"/> Controlled Roof Access</td> <td colspan="2"><input type="checkbox"/> Balconies/Patios Adjacent to space</td> </tr> </table> | | | <input type="checkbox"/> No Provisions | <input type="checkbox"/> Secure Building | <input type="checkbox"/> Guard in lobby | <input type="checkbox"/> Alarm System | <input type="checkbox"/> Controlled Entry | <input type="checkbox"/> Card Key System | <input type="checkbox"/> 24-Hour Guard Service | <input type="checkbox"/> Elevator Control (Lockoff) | <input type="checkbox"/> Controlled Garage Entry | <input type="checkbox"/> Controlled Roof Access | <input type="checkbox"/> Balconies/Patios Adjacent to space | |
| <input type="checkbox"/> No Provisions | <input type="checkbox"/> Secure Building | <input type="checkbox"/> Guard in lobby | | | | | | | | | | | | |
| <input type="checkbox"/> Alarm System | <input type="checkbox"/> Controlled Entry | <input type="checkbox"/> Card Key System | | | | | | | | | | | | |
| <input type="checkbox"/> 24-Hour Guard Service | <input type="checkbox"/> Elevator Control (Lockoff) | <input type="checkbox"/> Controlled Garage Entry | | | | | | | | | | | | |
| <input type="checkbox"/> Controlled Roof Access | <input type="checkbox"/> Balconies/Patios Adjacent to space | | | | | | | | | | | | | |
| Federal Protective Service (FPS) present on Survey: <input type="checkbox"/> Yes <input type="checkbox"/> No Name/Phone #: <u>XXXXX</u> | | | | | | | | | | | | | | |
| Emergency Illumination (0.5 Foot Candles) | | | | | | | | | | | | | | |
| Office Space <small>(not always required)</small> | Corridors | Stairways | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |
| Stairwells | | | | | | | | | | | | | | |
| Type | General Information | | | | | | | | | | | | | |
| <input type="checkbox"/> Scissors <input type="checkbox"/> Open <input type="checkbox"/> Closed | <table style="width:100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Stairwell Door Latches</td> <td style="width: 50%;"><input type="checkbox"/> Doors Close Automatically</td> </tr> <tr> <td><input type="checkbox"/> Discharge Outside</td> <td><input type="checkbox"/> Discharge Into Garage</td> </tr> <tr> <td><input type="checkbox"/> Handrails</td> <td><input type="checkbox"/> Safety Stripping</td> </tr> <tr> <td><input type="checkbox"/> Stairwell <u>XXXXX</u> ft. of space</td> <td><input type="checkbox"/> Standpipes</td> </tr> </table> | | <input type="checkbox"/> Stairwell Door Latches | <input type="checkbox"/> Doors Close Automatically | <input type="checkbox"/> Discharge Outside | <input type="checkbox"/> Discharge Into Garage | <input type="checkbox"/> Handrails | <input type="checkbox"/> Safety Stripping | <input type="checkbox"/> Stairwell <u>XXXXX</u> ft. of space | <input type="checkbox"/> Standpipes | | | | |
| <input type="checkbox"/> Stairwell Door Latches | <input type="checkbox"/> Doors Close Automatically | | | | | | | | | | | | | |
| <input type="checkbox"/> Discharge Outside | <input type="checkbox"/> Discharge Into Garage | | | | | | | | | | | | | |
| <input type="checkbox"/> Handrails | <input type="checkbox"/> Safety Stripping | | | | | | | | | | | | | |
| <input type="checkbox"/> Stairwell <u>XXXXX</u> ft. of space | <input type="checkbox"/> Standpipes | | | | | | | | | | | | | |
| Sprinklers (required in buildings over 74' tall and basement-offered space) | | | | | | | | | | | | | | |
| Building Sprinklers | Corridors Only | Basement | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |



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| Fire Safety | |
|--|---|
| a. Fire Alarm: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | |
| b. Fire alarm above floor (min. 42", max. 54"): <u>XXXXX</u> | |
| c. Occupant notification (i.e., sound, lights): <u>XXXXX</u> | |
| d. Fire station link (i.e., notifies fire station): <u>XXXXX</u> | |
| e. Central monitoring of fire alarm: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Fire extinguishers: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Smoke detectors: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Handicap Accessibility | |
| a. Building entrance (door width 32"): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can be altered | |
| b. 1:12 ramps: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can be altered | |
| c. 1:20 walks: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can be altered | |
| d. Curbcut 36": <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can be altered | |
| e. Parking 13' wide (96" space + 60" access aisle): | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can be altered <input type="checkbox"/> N/A |
| f. Stairs (not acceptable if no elevator): <u>XXXXX</u> | |
| g. Light switches (min. 42", max. 54"): <u>XXXXX</u> | |
| h. Vestibules (min. 48" + door swing): <u>XXXXX</u> | |
| GENERAL COMMENTS | |
| <u>XXXXX</u> | |
| DECISION TO SOLICIT | |
| This building: | |
| <input type="checkbox"/> will be solicited. It meets or is capable of meeting the SFO standards. | |
| <input type="checkbox"/> will not be solicited. It does not meet and is not capable of meeting the SFO standards for the following reasons: <u>XXXXX</u> | |
| The customer agency representative present on the market survey: | |
| <input type="checkbox"/> agrees with the above decision | |
| <input type="checkbox"/> does not agree with the above decision for the following reasons: <u>XXXXX</u> | |
| Customer Agency Representative | GSA RS/CO or Broker Representative Conducting Survey |
| Name: <u>NAME</u> | Name: <u>NAME</u> |
| Title: <u>TITLE</u> | Date: <u>MM-DD-YYYY</u> |
| Date: <u>MM-DD-YYYY</u> | |