**LOCATION**

| Property Name: | _____________________________________________________________________________________________ |
| Street Address: | _____________________________________________________________________________________________ |
| City: | ___________________________ | Zip Code: | _____________ | Locality: | ________________________________ |

- Within Corporate Limits: Yes [ ] No [ ]
- Industrial Park/Research Park/Office Park: ____________________________
- Foreign Trade Zone: Yes [ ] No [ ]
- Hub Zone: Yes [ ] No [ ]
- New Market Tax Credit Zone: Yes [ ] No [ ]

**OWNERSHIP**

| Available for Lease: Yes [ ] No [ ] | Available for Lease/Purchase: Yes [ ] No [ ] | Lease Type: | ____________________________ |
| Minimum Lease Rate (per sq. ft.): | ____________________________ | Maximum Lease Rate: | ____________________________ |
| Available for Sale: Yes [ ] No [ ] | Sale Price: | __________________ | Publicly Owned: Yes [ ] No [ ] | Date Available: | _____ |

| Owner: | _________________________________________ | Phone: | _________________ | E-Mail: | ___________________________ |
| Broker Contact: | _________________________________________ | Phone: | _________________ | E-Mail: | ___________________________ |

| Submitted By: | ________________________________________________________ | Date Submitted: | _________________________ |

**SPECIFICATIONS**

| Total Building Space (sq. ft.): | ____________ | Total Available: | ____________ | Maximum Contiguous: | ____________ |
| Manufacturing: | ____________ | Warehouse: | ____________ | Office: | ____________ | Other: | ____________ |
| Minimum Space Available: | ____________ | Building Dimensions: | ____________ | Number of Floors: | ________ |

- Expandable: Yes [ ] No [ ]
- Graded Expansion Pad: Yes [ ] No [ ]
- LEED Certified: Yes [ ] No [ ]

| Maximum Size of the Building Allowable by Architecturally Designed Expansion: | ____________________________ |
| Ceiling Height at Eaves: | ________ | Ceiling Height at Center: | ________ | Number of Dock Height Doors: | ________ |
| Number of Drive-In Doors: | ________ | Size of Drive-In Doors: | ____________ | Number of Rail Doors: | ________ |
| Column Spacing: | ____________ | Bay Size: | ____________ | Multi-Tenant: Yes [ ] No [ ] |
| Heat (Area/Type): | ____________________________ | Air Conditioning (Area/Type): | ____________________________ |
| Recent Use: | ____________________________ | Best Use: | ____________________________ |

**CONSTRUCTION**

| Construction Type: | ____________________________ |
| Construction Year: | ________ | Year of Additions: | ________ | Roof Type: | ____________________________ |
| Sprinkler Type: | ____________________________ | Floor Type: | ____________________________ | Floor Reinforced: Yes [ ] No [ ] |
| Floor Thickness (inches): | ________ | Raised Floor: Yes [ ] No [ ] |
| Insulation: Yes [ ] No [ ] | Insulation Location: | ____________________________ | Insulation Thickness: | ________ |
### SITE SPECIFICATIONS

**Site Acreage:** ___________  
**Additional Acreage Available:** ___________  
**Conforms to Present Zoning:** Yes [ ] No [ ]

**Zoning Classification:** _________________________________________________  
**Outside Storage Permitted:** Yes [ ] No [ ]

**Zoning Restrictions:** _________________________________________________

**On-Site Parking:** Yes [ ] No [ ]  
**Number of Employee Parking Spaces:** _______________

### ENVIRONMENTAL

**U.S. Army Corps Certified Wetland Study Available:** Yes [ ] No [ ]

**Phase I Environmental Audit Available:** Yes [ ] No [ ]  
**Phase II Environmental Audit Available:** Yes [ ] No [ ]

**Brownfield:** Yes [ ] No [ ]  
**Nature of Contamination:** _________________________________________________

**Remediation Plan:** Yes [ ] No [ ]  
**DEQ Status Letter:** Yes [ ] No [ ]

### FEATURES

**Cranes**

**Number of Cranes:** ___________  
**Minimum Crane Capacity (tons):** ___________  
**Maximum Crane Capacity:** ___________

**Minimum Clearance Under Hook (feet):** ___________  
**Engineered Crane Capacity:** ______________

**Food Processing**

**Refrigeration:** Yes [ ] No [ ]  
**Refrigeration Space (sq. ft.):** ______________

**Freezer:** Yes [ ] No [ ]  
**Freezer Space (sq. ft.):** ______________

**Clean Room**

**Available:** Yes [ ] No [ ]  
**Space (sq. ft.):** ______________  
**Class:** ______________

**Lab Space**

**Lab Type:** ______________  
**Lab Space (sq. ft.):** ______________  
**Number of Labs:** ______________

**Most Recent Use of Space:** _________________________________________________  
**Construction Year:** ______________

**Year of Additions:** ______________  
**Existing Equipment:** _________________________________________________

**Shared Services:** _________________________________________________  
**Additional Fit-Out Required:** Yes [ ] No [ ]

**Time Needed for Fit-Out:** ______________  
**Lease Rate (per sq. ft.):** ________________________________________________

**Other**

**Computer Room:** Yes [ ] No [ ]  
**Other Features:** _________________________________________________

### UTILITIES

**Electric Power**

**Name of Primary Supplier:** ________________________________________________  
**Redundant:** Yes [ ] No [ ]

**Name of Secondary Supplier:** ________________________________________________  
**Voltage:** _____________

**Phase:** ______________  
**Amps:** ______________  
**Electric UPS:** Yes [ ] No [ ]  
**Generator:** Yes [ ] No [ ]
Natural Gas

Name of Supplier: ______________________________________________________  Distance from Property (feet): _______

Line Size (inches): ___________  Pressure (psi): ___________  Propane Equipped: Yes ☐ No ☐

Water

Water Provider: ______________________________________________________  Distance from Property (feet): _______

Line Size (inches): ___________  Total Capacity of Treatment Plant (gpd): ____________________________

Available Capacity to Property (gpd): ____________________  Water Tank Capacity (gallons): ____________

On-Site Treatment Plant: Yes ☐ No ☐  Well Capacity (gpd): ______________

Sewer

Sewer Provider: ______________________________________________________  Distance from Property (feet): _______

Line Size (inches): ___________  Total Capacity of Treatment Plant (gpd): ____________________________

Available Capacity to Property (gpd): ____________________

On-Site Treatment Plant: Yes ☐ No ☐  Septic System Capacity (gpd): ______________

Telecommunications

Primary Telecommunications Provider: _______________________________________________________________________

Other Providers: ______________________________________________________________________________________________

Fiber: Yes ☐ No ☐  Distance to Fiber (feet): ________________  Redundant Routes: Yes ☐ No ☐

Wireless Broadband: Yes ☐ No ☐  Sonet Ring: Yes ☐ No ☐

Other: ______________________________________________________________________________________________________

TRANSPORTATION

Rail

Primary Railroad: ___________________________________________  Secondary Railroad: ____________________________

Served by Rail Siding: Yes ☐ No ☐  If no, can rail siding be installed: Yes ☐ No ☐  Distance (feet): _______

Highway

Name/Route Number of Highway or Street Serving Property: _______________________________________________________

Water

Navigable Waterway: Yes ☐ No ☐  Name: ___________________________________________  Channel Depth (feet): ______

Public Transportation

☐ Bus  ☐ Rail  ☐ Water

COMMENTS
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
To be included in our VirginiaScan sites and buildings search system, a valid street address or nearest street intersection must be provided. If a valid street address is not available, an aerial photograph or tax map showing the location of the building must be provided. Color photographs of the exterior and interior of the building should also be included, as well as any available floor plans, site plans, etc. Digital images are welcome and may be e-mailed to mmende@vedp.org. This form should be returned to:

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