DOA - State Property Office & OSFM - Risk Management

Property Reporting Form

**(Dual Reporting for DOA and OSFM)**

Department or University Department/Division # Building Name

Division Complex # - Street Address

- **Asset #** (if assigned**)**

City County Zip Code -

(Please provide zip code for the building location, not for the mailing address)

**Latitude Longitude** (Units: Decimal Degrees)

Your Name Phone # ( ) - Ext Email

New Building Acquisition Renovation Addition Lease Demolished

(Check appropriate category. If more than one category is checked, please explain)

**---------------------------------------------------------------------------------------------------------------------------------------------------**

**New Building:** Date Accepted by State Year Constructed Construction Cost $

(m/d/y)

**Acquisition:** Date of Acquisition Year Constructed Acquisition Cost $

(m/d/y)

Method of Acquisition (check method) Construction Purchase Lease/Purchase

Condemnation Donation Transfer Other

**Renovation:** Date of Acceptance (m/d/y) Renovation Cost

Renovation Type (check type) Add space Reduce Space Expanded Rooms None

Increased Gross Sq. Ft. Decreased Gross Sq. Ft.

Increased Net Sq. Ft. Decreased Net Sq. Ft.

**---------------------------------------------------------------------------------------------------------------------------------------------------**

Main Use(s) of Building

(e.g., office, dormitory, automobile maintenance, furniture storage, produce sales, laboratory, etc.)

Building Occupants

**---------------------------------------------------------------------------------------------------------------------------------------------------**

Gross Sq. Ft. Net Sq. Ft. National Register of Historic Places: Yes No

Total # of Floors Floors Above Ground Floors Below Ground

**Fire Alarm:** Yes No **Fire Sprinkler System:** Yes No **Flood Zone**

(e.g., A, A1, B, C, V, X, etc.)

Fire Department or Fire District (providing primary response)

**Heat System** Forced Air Steam Hot Water Resist None Space Heater

**Heating Fuel** Electric Gas Fuel Oil Coal Wood Solar Other

**A/C System** Chiller Central Window None

**---------------------------------------------------------------------------------------------------------------------------------------------------**

Roof Construction Floor Construction

Exterior Wall Construction

**I n s u r a n c e C o v e r a g e**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dept/Div #** | **Coverage For****(Bldg or Conts)** | **Funding****(Gen. or Spec.)** | **Type of Coverage****(Fire, EC, VMM, “All Risk”(Special), “All Risk” (Computers/Misc), etc.)** | **Replacement Value ($)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Send a copy to DOA - State Property Office **&** OSFM - Risk Management

Dept. of Administration - State Property Office**,** 1321 Mail Service Center, Raleigh, NC 27699-1321 or e-mail: John.Cox@doa.nc.gov

Office of State Fire Marshal – Risk Management Division, P. O. Box 26387, Raleigh, NC 27611-6387 or e-mail: Kyla.Bryant@ncdoi.gov