



Fire Disaster Rebuild Check List

Name:	
Property Address and Gate Code:	
Telephone Number:	
Email:	
Mailing Address:	
Property In:	City or County (circle)

Year Built \_\_\_\_\_ Sq. Ft \_\_\_\_\_ 1-story, 2-story, Split Level (circle) Acres \_\_\_\_\_

Insurance Company and Agent \_\_\_\_\_

Architect of Burned Structure \_\_\_\_\_ Architect retained for New Structure \_\_\_\_\_

Do you want to rebuild? \_\_\_\_\_

**Services Needed**

**Do you have?**

<input type="checkbox"/>	Foundation Drawings
<input type="checkbox"/>	Swimming Pool
<input type="checkbox"/>	Septic Tank
<input type="checkbox"/>	Water Well
<input type="checkbox"/>	Outbuilding(s)
<input type="checkbox"/>	Type of Siding _____
<input type="checkbox"/>	Type of Roof _____
<input type="checkbox"/>	Vehicles (quantity with make and model)
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

<input type="checkbox"/>	Foundation Evaluation
<input type="checkbox"/>	Erosion Protection
<input type="checkbox"/>	Site Clean-up Permit Workplan
<input type="checkbox"/>	Clean-up Contractor
<input type="checkbox"/>	Clean-up Verification Certificate
<input type="checkbox"/>	CAC- Asbestos Testing
<input type="checkbox"/>	Confirmation Sampling and Testing
<input type="checkbox"/>	Tree Removal # of trees _____
<input type="checkbox"/>	Types of Trees _____
<input type="checkbox"/>	

**Notes:**


Please send checklist and/or questions to: [mcolorado@brunsing.com](mailto:mcolorado@brunsing.com) or fax to 707-838-4420