

UNITED CHURCH OF CANADA
NEWFOUNDLAND & LABRADOR CONFERENCE
EAST DISTRICT MANSE COMMITTEE
ANNUAL MANSE INSPECTION
by Local Manse Committee

PASTORAL CHARGE _____

MANSE ADDRESS _____

MANSE TELEPHONE _____

VALUE OF PROPERTY _____

VALUE OF FURNISHINGS _____

PRESENT LIABILITIES _____

INSURANCE CARRIED _____

FAIR RENTAL VALUE _____ MONTHLY

DATE OF INSPECTION _____

MANSE COMMITTEE CHAIRPERSON _____

Telephone: _____

Email: _____

MISCELLANEOUS INFORMATION

LOCATION: Rural Urban
 Apartment Bungalow 2 - Storey Split Level Mobile Home
 Residential Commercial Industrial
 Paved Roads Sidewalks

YEAR BUILT:	BUILDING SIZE:
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	LOT SIZE:
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EXTERIOR SIDING:	SHED: <input type="checkbox"/> yes <input type="checkbox"/> no	SIZE:
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GARAGE: <input type="checkbox"/> Yes <input type="checkbox"/> No	SIZE:	<input type="checkbox"/> attached <input type="checkbox"/> detached
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PROPERTY FENCED: <input type="checkbox"/> Yes <input type="checkbox"/> No	HOME WHEELCHAIR ACCESSIBLE? <input type="checkbox"/> Yes <input type="checkbox"/> No
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HEATING SYSTEM: Electric Oil (Air) Oil (Water) Other

IF OIL, IS TANK UP TO STANDARD CODE? <input type="checkbox"/> yes <input type="checkbox"/> no	EMERGENCY HEATING ALTERNATIVE? Wood Stove <input type="checkbox"/> yes <input type="checkbox"/> no Fireplace <input type="checkbox"/> wood <input type="checkbox"/> propane
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VENTILATION SYSTEM: <input type="checkbox"/> yes <input type="checkbox"/> no	ELECTRICAL SYSTEM: _____ Amps Breakers <input type="checkbox"/> Fuses <input type="checkbox"/>
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HOT WATER HEATER: Electric Oil Propane

WATER SERVICES: <input type="checkbox"/> Municipal <input type="checkbox"/> Well	SEWER SERVICES: <input type="checkbox"/> Municipal <input type="checkbox"/> Septic Tank
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INSULATION TYPE:	ROOF COVERING:
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DISTANCE TO:	Schools: Primary _____	Health Care Centre:
Churches on Pastoral Charge:	Elementary _____ High _____	Major Shopping Centre:
	Public Transport:	UCC Ministry Colleagues:

LAWN MOWER : <input type="checkbox"/> yes <input type="checkbox"/> no	SNOW BLOWER: <input type="checkbox"/> yes <input type="checkbox"/> no
CLERGY RESPONSIBILITY? <input type="checkbox"/> yes <input type="checkbox"/> no	CLERGY RESPONSIBILITY? <input type="checkbox"/> yes <input type="checkbox"/> no

CABLE TV AVAILABLE? <input type="checkbox"/> yes <input type="checkbox"/> no	INTERNET: <input type="checkbox"/> Dial Up <input type="checkbox"/> Highspeed
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DECK: <input type="checkbox"/> yes <input type="checkbox"/> no	LOCATION	SIZE:
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Location of Smoke Detectors:	Location of Carbon Monoxide detector:
Location of Fire Extinguishers:	

Please comment on any changes you have made to your Manse in the following areas in the past year?

ELECTRICAL

PLUMBING

PAINTING

FLOORING

APPLIANCES

STRUCTURAL CHANGES - Windows, Doors, Roof, etc.

Please comment on your planned renovations and maintenance for the coming year.

Please list furnishings that are presently in your Manse - those for which you have assigned a value on page one. Do not include office equipment such as computers, filing cabinets, etc.

Please list the members of your Manse Committee.
