

The printed portions of this form, except differentiated additions, have been approved by the Colorado Real Estate Commission.  
(SPD19C-2-18) (Mandatory 2-18)

**THIS FORM HAS IMPORTANT LEGAL CONSEQUENCES AND THE PARTIES SHOULD CONSULT LEGAL AND TAX OR OTHER COUNSEL BEFORE SIGNING.**

## SELLER'S PROPERTY DISCLOSURE (COMMERCIAL)

Supplement to Residential)

**THIS DISCLOSURE SHOULD BE COMPLETED BY SELLER, NOT BY BROKER.**

Seller states that the information contained in this Disclosure is correct to Seller's **CURRENT ACTUAL KNOWLEDGE** as of this Date. Any changes must be disclosed by Seller to Buyer promptly after discovery. Seller's failure to disclose a known material defect may result in legal liability. If Seller has knowledge of an adverse material fact affecting the Property or occupants, it must be disclosed whether there is a specific item on this Disclosure or not.

**Note:** The Contract to Buy and Sell Real Estate, not this Disclosure, determines whether an item is included or excluded; if there is an inconsistency between this Disclosure and the Contract, the Contract controls.

Date: 6/26/23

Property Address: 16856 NW Pkce, Augusta, WV 26704

Seller: Michael P. Lee

Year Built: 1997

### I. IMPROVEMENTS

A.	STRUCTURAL CONDITIONS If you know of any of the following problems EVER EXISTING check the "Yes" column:	Yes	Comments
1	Structural problems	<input type="checkbox"/>	
2	Moisture and/or water problems	<input type="checkbox"/>	
3	Damage due to termites, other insects, birds, animals or rodents	<input type="checkbox"/>	
4	Damage due to hail, wind, fire, flood or other casualty	<input type="checkbox"/>	
5	Cracks, heaving or settling problems	<input checked="" type="checkbox"/>	<u>Partial crack on concrete side window</u>
6	Exterior wall or window problems	<input type="checkbox"/>	
7	Exterior Artificial Stucco (EIFS)	<input type="checkbox"/>	
8		<input type="checkbox"/>	
9		<input type="checkbox"/>	

B.	ROOF If you know of any of the following problems EVER EXISTING check the "Yes" column:	Yes	Comments
1	Roof leak	<input type="checkbox"/>	
2	Damage to roof	<input type="checkbox"/>	
3	Skylight problems	<input type="checkbox"/>	
4	Gutter or downspout problems	<input type="checkbox"/>	

5	Other Roof problems	<input type="checkbox"/>	
6		<input type="checkbox"/>	
7		<input type="checkbox"/>	

B-1.	ROOF – Other Information: Do you know of the following on the Property:	Yes	Comments
1	Roof under warranty until _____ Transferable _____	<input type="checkbox"/>	
2	Roof work done while under current roof warranty	<input type="checkbox"/>	
3	Roof material: <u>Mc/61</u> Age <u>1997</u>	<input type="checkbox"/>	
4		<input type="checkbox"/>	
5		<input type="checkbox"/>	

C.	ELECTRICAL & TELECOMMUNICATIONS If you know of any problems NOW EXISTING with the following check the “Yes” column:	Yes	Comments
1	Light fixtures	<input type="checkbox"/>	
2	Switches & outlets	<input type="checkbox"/>	
3	Electrical Service	<input type="checkbox"/>	
4	Telecommunications system, equipment or service	<input type="checkbox"/>	
5	Inside wiring & block/jacks	<input type="checkbox"/>	
6		<input type="checkbox"/>	
7		<input type="checkbox"/>	

C-1.	ELECTRICAL & TELECOMMUNICATIONS – Other Information: Do you know of the following on the Property:	Yes	Comments
1	<input checked="" type="checkbox"/> 220 volt service <input checked="" type="checkbox"/> Phase 3	<input type="checkbox"/>	
2	Aluminum wiring at the outlets (110)	<input type="checkbox"/>	
3	Electrical Service: Amps <u>200</u>	<input type="checkbox"/>	
4	Telecommunication System, Equipment or Service (T-1, fiber, cable, satellite) Name of Provider: _____	<input type="checkbox"/>	
5		<input type="checkbox"/>	
6		<input type="checkbox"/>	

D.	MECHANICAL If you know of any problems NOW EXISTING with the following check the “Yes” column:	Yes	Age If Known	Comments
1	Elevator	<input type="checkbox"/>		
2	Lifts or Hoists	<input type="checkbox"/>		
3	Fire suppression and/or sprinkler system	<input type="checkbox"/>		
4	Escalator	<input type="checkbox"/>		
5		<input type="checkbox"/>		
6		<input type="checkbox"/>		

E.	<b>VENTILATION, AIR, HEAT</b> If you know of any problems <b>NOW EXISTING</b> with the following check the "Yes" column:	Yes	Age If Known	Comments
1	Heating system	<input type="checkbox"/>		
2	Air conditioning	<input type="checkbox"/>		
3	Vent fans	<input type="checkbox"/>		
4	Humidifier	<input type="checkbox"/>		
5	Air purifier	<input type="checkbox"/>		
5	Fireplace	<input type="checkbox"/>		
6	Evaporative cooler	<input type="checkbox"/>		
7		<input type="checkbox"/>		
8		<input type="checkbox"/>		

E-1.	<b>VENTILATION, AIR, HEAT - Other Information:</b> Do you know of the following on the Property:	Yes	Age If Known	Comments
1	Heating system: Type <u>LP Gas</u> Fuel <u>LP Gas</u> Type _____ Fuel _____	<input type="checkbox"/>		
2	Air conditioning system: Type <u>Electric</u> Fuel <u>Electric</u> Type _____ Fuel _____	<input type="checkbox"/>		
3	When was fireplace/wood stove, chimney/flue last cleaned: Date: _____ <input type="checkbox"/> Do not know			
4	Radiant heating system: <input type="checkbox"/> Interior <input type="checkbox"/> Exterior Type _____			
6		<input type="checkbox"/>		
7		<input type="checkbox"/>		

F.	<b>WATER SUPPLY</b> Do you know of the following on the Property:
1	Type of water supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Community <input type="checkbox"/> Well <input type="checkbox"/> Shared Well <input type="checkbox"/> Cistern <input type="checkbox"/> None If the Property is served by a Well, a copy of the Well Permit <input type="checkbox"/> Is <input type="checkbox"/> Is Not attached. Well Permit #: _____ <input type="checkbox"/> Drilling Records <input type="checkbox"/> Are <input type="checkbox"/> Are not attached. Shared Well Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No.

G.	<b>WATER</b> If you know of any problems <b>NOW EXISTING</b> with the following check the "Yes" column:	Yes	Age If Known	Comments
1	Water system (including lines and water pressure)	<input type="checkbox"/>		
2	Water heater(s)	<input type="checkbox"/>		
3	Water filter system	<input type="checkbox"/>		
4	Water softener	<input type="checkbox"/>		
5	Well	<input type="checkbox"/>		
6	Water System Pump	<input type="checkbox"/>		
7		<input type="checkbox"/>		
8		<input type="checkbox"/>		

G-1.	<b>WATER - Other Information:</b> Do you know of the following on the Property:	Yes	Age If Known	Comments

1	Water heater: Number of _____ Fuel type _____ Capacity _____	<input type="checkbox"/>		
2	Well Metered	<input type="checkbox"/>		
3	Well – Date of last inspection _____	<input type="checkbox"/>		
4	Galvanized pipe	<input type="checkbox"/>		
5	Polybutylene pipe	<input type="checkbox"/>		
6	Water line size _____	<input type="checkbox"/>		
7		<input type="checkbox"/>		
8		<input type="checkbox"/>		

H.	SEWER			
	If you know of any problems NOW EXISTING with the following check the "Yes" column:	Yes		Comments
1	Sewage system (including sewer lines)	<input type="checkbox"/>		
2	Lift station (sewage ejector pump)	<input type="checkbox"/>		
3	Sump pump(s) # of _____	<input type="checkbox"/>		
4	Grey water storage/use	<input type="checkbox"/>		
5		<input type="checkbox"/>		
6		<input type="checkbox"/>		

H-1.	SEWER – Other Information:
	Do you know of the following on the Property:
1	Type of sanitary sewer service: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Community <input type="checkbox"/> Septic System <input type="checkbox"/> None <input type="checkbox"/> Other _____ If the Property is served by an on-site septic system, provide buyer with a copy of the permit. Type of septic system: <input type="checkbox"/> Tank <input type="checkbox"/> Leach <input type="checkbox"/> Lagoon
2	If a septic system, date latest Individual Use Permit issued: _____
3	If a septic system, date of latest inspection: _____
4	If a septic system, date of latest pumping: _____
5	

I.	FLOODING AND DRAINAGE			
	If you know of any problem EVER EXISTING on the Property check the "Yes" column:	Yes		Comments
1	Flooding or drainage	<input type="checkbox"/>		
2		<input type="checkbox"/>		

I-1.	DRAINAGE AND RETENTION PONDS – Other Information			
	Do you know of the following on the Property:	Yes		Comments
1	Drainage, retention ponds	<input checked="" type="checkbox"/>		<i>Drainage Retention Pond off of Roof</i>
2		<input type="checkbox"/>		

J.	OTHER DISCLOSURES – INCLUSIONS			
	If you know of any problems NOW EXISTING with the following check the "Yes" column:	Yes		Comments
1	Included fixtures and equipment	<input type="checkbox"/>		
2	Stains on carpet	<input type="checkbox"/>		
3	Floors and sub-floors	<input type="checkbox"/>		

4		<input type="checkbox"/>	
5		<input type="checkbox"/>	

**II. GENERAL**

<b>K.</b>	<b>USE, ZONING &amp; LEGAL ISSUES</b> If you know of any of the following <b>EVER EXISTING</b> check the "Yes" column:	<b>Yes</b>	<b>Comments</b>
1	Zoning violation, variance, conditional use, violation of an enforceable PUD or non-conforming use	<input type="checkbox"/>	
2	Notice or threat of condemnation proceedings	<input type="checkbox"/>	
3	Notice of any adverse conditions from any governmental or quasi-governmental agency that have not been resolved	<input type="checkbox"/>	
4	Notice of zoning action related to the Property	<input type="checkbox"/>	
5	Building code, city or county violations	<input type="checkbox"/>	
6	Violation of restrictive covenants or owners' association rules or regulations	<input type="checkbox"/>	
7	Any building or improvements constructed within the past one year from this Date without approval by the owner's association or the designated approving body	<input type="checkbox"/>	
8	Any additions or alterations made	<input type="checkbox"/>	
9	Notice of ADA complaint or report	<input type="checkbox"/>	
10	Other legal action	<input type="checkbox"/>	
11	Archeological or historical designation on the Property	<input type="checkbox"/>	
12	Threatened or Endangered species on the Property	<input type="checkbox"/>	
13		<input type="checkbox"/>	
14		<input type="checkbox"/>	

<b>L.</b>	<b>ACCESS &amp; PARKING</b> If you know of any of the following <b>EVER EXISTING</b> check the "Yes" column:	<b>Yes</b>	<b>Comments</b>
1	Any access problems	<input type="checkbox"/>	
2	Roads, driveways, trails or paths through the Property used by others	<input type="checkbox"/>	
3	Public highway or county road bordering the Property	<input type="checkbox"/>	
4	Any proposed or existing transportation project that affects or is expected to affect the Property	<input type="checkbox"/>	
5	Encroachments, boundary disputes or unrecorded easements	<input type="checkbox"/>	
6	Shared or common areas with adjoining properties	<input type="checkbox"/>	
7	Requirements for curb, gravel/paving, landscaping	<input type="checkbox"/>	
8		<input type="checkbox"/>	
9		<input type="checkbox"/>	

<b>M.</b>	<b>ENVIRONMENTAL CONDITIONS</b> If you know of any of the following <b>EVER EXISTING</b> on any part of the Property check the "Yes" column:	<b>Yes</b>	<b>Comments</b>
1	Hazardous materials on the Property, such as	<input type="checkbox"/>	

	radioactive, toxic, or biohazardous materials, asbestos, pesticides, herbicides, wastewater sludge, radon, methane, mill tailings, solvents or petroleum products	<input type="checkbox"/>	
2	Underground storage tanks	<input type="checkbox"/>	
3	Aboveground storage tanks	<input type="checkbox"/>	
4	Underground transmission lines	<input type="checkbox"/>	
5	Used as, situated on, or adjoining a dump, land fill or municipal solid waste land fill	<input type="checkbox"/>	
6	Monitoring wells or test equipment	<input type="checkbox"/>	
7	Sliding, settling, upheaval, movement or instability of earth or expansive soils on the Property	<input type="checkbox"/>	
8	Mine shafts, tunnels or abandoned wells on the Property	<input type="checkbox"/>	
9	Within governmentally designated geological hazard or sensitive area	<input type="checkbox"/>	
10	Within governmentally designated flood plain or wetland area	<input type="checkbox"/>	
11	Dead, diseased or infested trees or shrubs	<input type="checkbox"/>	
12	Environmental assessments, studies or reports done involving the physical condition of the Property	<input type="checkbox"/>	
13	Used for any mining, graveling, or other natural resource extraction operations such as oil and gas wells	<input type="checkbox"/>	
14	Other environmental problems	<input type="checkbox"/>	
15	Grease or sand pits or traps	<input checked="" type="checkbox"/>	<i>Grease TRAP under Cabinet for Floor Drain</i>
16		<input type="checkbox"/>	
17		<input type="checkbox"/>	

N.	OTHER DISCLOSURES – GENERAL If you know of any of the following NOW EXISTING check the "Yes" column:	Yes	Comments
1	Any part of the Property now leased to others (written or oral)	<input type="checkbox"/>	
2	Written reports of any building, site, roofing, soils or engineering investigations or studies of the Property	<input type="checkbox"/>	
3	Any property insurance claim ever submitted for the Property (whether paid or not)	<input type="checkbox"/>	
4	Structural, architectural and engineering plans and/or specifications for any existing improvements	<input type="checkbox"/>	
5	Property was previously used as a methamphetamine laboratory and not remediated to state standards	<input type="checkbox"/>	
6	Government special improvements approved, but not yet installed, that may become a lien against the Property	<input type="checkbox"/>	
7	Signs: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/>	
8	Signs: Government or private restriction problems	<input type="checkbox"/>	
9	Pending: (1) litigation or (2) other dispute resolution proceeding regarding the Property	<input type="checkbox"/>	
10		<input type="checkbox"/>	
11		<input type="checkbox"/>	

Seller and Buyer understand that the real estate brokers do not warrant or guarantee the above information on the Property. Property inspection services may be purchased and are advisable. This Disclosure is not intended as a substitute for an inspection of the Property.

