



THE EPISCOPAL  
DIOCESE OF  
NEW YORK

**Building Survey Form**

Name of Congregation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Day Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**1. General Building Information** *A separate survey form should be completed for each building owned and used by the congregation. For buildings that are connected, for example, a church building connected to a parish hall, individual survey forms should be completed for each building. Please fill out the forms completely.*

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Church       Rectory       Parish Hall       Other: \_\_\_\_\_

▪ Date of Construction: \_\_\_\_\_

▪ Architect: \_\_\_\_\_

▪ Is the building listed on the State/National Register?       Yes       No

▪ Has your congregation ever applied to a non-diocesan organization (e.g., New York Landmarks Conservancy, State Historic Preservation Office, etc.) for grants or loans to undertake work on the building?       Yes       No

▪ Have you ever received funding from such an organization?       Yes       No

▪ If you have received funding, please indicate the project(s) funded and date(s):

1. \_\_\_\_\_ Date: \_\_\_\_\_

2. \_\_\_\_\_ Date: \_\_\_\_\_

3. \_\_\_\_\_ Date: \_\_\_\_\_





Congregation: \_\_\_\_\_ Location: \_\_\_\_\_ Building: \_\_\_\_\_

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**9. Heating & Electrical**

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- How is the building heated?     Steam     Hot Water     Forced Air
- When was the furnace last inspected? \_\_\_\_\_
- Is the furnace located in a separate, fire-rated room?     Yes     No
- Are combustible materials stored in the furnace room?     Yes     No
- Is there a wall-mounted fire extinguisher in the furnace room?     Yes     No
- Is there a smoke detector located in the furnace room?     Yes     No
- Is there a carbon monoxide detector located in the furnace room?     Yes     No
- If there are detectors, are they battery operated or are they hard-wired (wired into the building's electrical system)?     Battery-powered     Hard-wired
- Is oil or gas used to heat the building?     Oil     Gas
- If oil is used, where is the storage tank located?     Above ground     Below ground
- If the storage tank is below ground, how long ago was it installed?  
 20 years ago or less     20-30 years ago     30-40 years ago     50 years ago or more
- Does the building have fuse boxes or circuit breakers?     Fuses     Breakers
- Do fuses/ breakers need to be changed/reset frequently?     Yes     No
- Do lights flicker or spark?     Yes     No

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**10. General Observations**

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- How would you describe the general condition of the building?  
 Excellent     Good     Fair     Poor
- How would you describe the general condition of the *exterior* of the building?  
 Excellent     Good     Fair     Poor
- How would you describe the general condition of the *interior* of the building?  
 Excellent     Good     Fair     Poor
- List three (3) *major* concerns you have regarding the condition of the building (if none, mark N/A). Do **NOT** include handicap accessibility issues, interior painting, space use or configuration nor concerns about furnishings or organs. Please limit your comments to existing physical conditions, preferably concerning the exterior of the building:  
1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Congregation: \_\_\_\_\_ Location: \_\_\_\_\_ Building: \_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- What do *you estimate* it would cost to address the above concerns?

Item 1: \$ \_\_\_\_\_

Item 2: \$ \_\_\_\_\_

Item 3: \$ \_\_\_\_\_

- In the last five (5) years, what major repairs (above \$5,000) have been undertaken on the building?

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

- What did the above repairs cost?

Item 1: \$ \_\_\_\_\_

Item 2: \$ \_\_\_\_\_

Item 3: \$ \_\_\_\_\_