

Listing Input Form – Property Type: COMMERCIAL SALE

Property Subtype:	<input type="checkbox"/> Retail	<input type="checkbox"/> Land		
	<input type="checkbox"/> Industrial	<input type="checkbox"/> Mixed Use		
	<input type="checkbox"/> Office	<input type="checkbox"/> Self Storage		
	<input type="checkbox"/> Multi Family	<input type="checkbox"/> Unlisted Sold ++		
County:				
<input type="checkbox"/> Brunswick	<input type="checkbox"/> Bladen	<input type="checkbox"/> Out of Area - SC		
<input type="checkbox"/> Columbus	<input type="checkbox"/> Out of Area			
PID #:				
ADDRESS				
Street #		Modifier #		
Direction:	<input type="checkbox"/> North	<input type="checkbox"/> East	<input type="checkbox"/> Northeast	<input type="checkbox"/> Southeast
	<input type="checkbox"/> South	<input type="checkbox"/> West	<input type="checkbox"/> Northwest	<input type="checkbox"/> Southwest
Street Name:				
Suffix:	<input type="checkbox"/> Avenue	<input type="checkbox"/> Highway	<input type="checkbox"/> Path	<input type="checkbox"/> Street
	<input type="checkbox"/> Boulevard	<input type="checkbox"/> Junction	<input type="checkbox"/> Place	<input type="checkbox"/> Tract
	<input type="checkbox"/> Circle	<input type="checkbox"/> Lane	<input type="checkbox"/> Road	<input type="checkbox"/> Trail
	<input type="checkbox"/> Close	<input type="checkbox"/> Parkway	<input type="checkbox"/> Row	<input type="checkbox"/> Way
	<input type="checkbox"/> Court	<input type="checkbox"/> Pass	<input type="checkbox"/> Square	<input type="checkbox"/> Wynd
	<input type="checkbox"/> Drive			
Post Direction:	<input type="checkbox"/> North	<input type="checkbox"/> East	<input type="checkbox"/> Northeast	<input type="checkbox"/> Southeast
	<input type="checkbox"/> South	<input type="checkbox"/> West	<input type="checkbox"/> Northwest	<input type="checkbox"/> Southwest
Unit #:				
City:		Zip Code:		
Ground Lease <input type="checkbox"/> Yes <input type="checkbox"/> No				
*Publish to Internet: <input type="checkbox"/> Yes <input type="checkbox"/> No				
*Publish to VOW <input type="checkbox"/> Yes <input type="checkbox"/> No				
*Show Address to Public <input type="checkbox"/> Yes <input type="checkbox"/> No				
*Show Comments <input type="checkbox"/> Yes <input type="checkbox"/> No				
*Show AVM <input type="checkbox"/> Yes <input type="checkbox"/> No				
Listing Price: \$				
Listing Period:		Listing Date: / / 20		Expiration Date: / / 20
Commission: <input type="checkbox"/> \$ or <input type="checkbox"/> %		Sub Agency:		Buyer Agency:
Variable Rate Commission:		<input type="checkbox"/> Yes		<input type="checkbox"/> No
Asking Price/SF				
Net Lease Investment		<input type="checkbox"/> Yes		<input type="checkbox"/> No
Cap Rate %		%		
Occupancy %				
Stipulation of Sale	<input type="checkbox"/> None		<input type="checkbox"/> Foreclosure	
	<input type="checkbox"/> Short Sale		<input type="checkbox"/> Bank Owned	
	<input type="checkbox"/> Potential Short Sale		<input type="checkbox"/> Court Sale	
	<input type="checkbox"/> Lender App Short S			

Agreement Type:	<input type="checkbox"/> Exclusive Right <input type="checkbox"/> ER-Limited Service <input type="checkbox"/> ER-MLS Only <input type="checkbox"/> Exclusive Right W/Reserve	<input type="checkbox"/> Exclusive Agency <input type="checkbox"/> EA-Limited Service <input type="checkbox"/> EA-MLS Only <input type="checkbox"/> Exclusive Right to Lease <input type="checkbox"/> Auction
Office ID:	Agent ID:	
Co-Office ID:	Co-Agent ID:	
Legal Description (max 100 characters):		
Deed Book & Page:		
MLS Areas:		
LOT INFORMATION		
Lot Front:	Lot Right:	Irregular: <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Rear:	Lot Left:	
Lot Size:	<input type="checkbox"/> Square Feet	<input type="checkbox"/> Acres
Lot Source: (select one)	<input type="checkbox"/> Tax Data <input type="checkbox"/> Appraiser	<input type="checkbox"/> Listing Agent <input type="checkbox"/> Builder Plans <input type="checkbox"/> DEED
	<input type="checkbox"/> Survey	<input type="checkbox"/> Plat Map
	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other-Condo Only
BUILDING INFORMATION		
Number Of Buildings:		
Number Of Units		
Year Built:	OR	<input type="checkbox"/> New Construction <input type="checkbox"/> Unknown <input type="checkbox"/> Under Construction <input type="checkbox"/> NONE Land <input type="checkbox"/> N/A Boatslip
Current Use		
Description of Use	<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial <input type="checkbox"/> Free Standing <input type="checkbox"/> Medical <input type="checkbox"/> Mobile <input type="checkbox"/> Residential <input type="checkbox"/> Specific Storage	<input type="checkbox"/> Auto Related <input type="checkbox"/> Condominium <input type="checkbox"/> General <input type="checkbox"/> Mfg/Assembly <input type="checkbox"/> Multi-Family <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Unzoned
	<input type="checkbox"/> Bank <input type="checkbox"/> Converted Res <input type="checkbox"/> Historic <input type="checkbox"/> Mini Storage <input type="checkbox"/> Multiple <input type="checkbox"/> Retail <input type="checkbox"/> Warehouse	<input type="checkbox"/> Business <input type="checkbox"/> Enterprise Zone <input type="checkbox"/> Industrial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Office <input type="checkbox"/> Shopping Center <input type="checkbox"/> Other
FINANCIAL INFORMATION		
Annual Association Dues \$		
Annual Escalation	\$	
Manufacturing Sq. Ft.		
Financial Info	<input type="checkbox"/> Yes *	<input type="checkbox"/> NO
FINANCIAL INFO CURRENT		
Gross Income	\$	
Vacancy %	%	
Reimbursable Exp.	\$	
Effective Income	\$	
Non Reim Exp	\$	
Net Oper Income	\$	

FINANCIAL INFO EXPENSE		
Real Estate Taxes	\$	
Insurance	\$	
Management Fee	\$	
Common Area Maint	\$	
Administrative Exp	\$	
Total Expenses	\$	
SQ FOOTAGE INFORMATION		
Office Sq Ft.		
Retail Sq. Ft.		
Warehouse Sq. Ft.		
Largest Contiguous		
Minimum Area		
Maximum Area		
Gross Building SF		<i>ENTER "0" FOR LAND LISTINGS ONLY</i>
Total Available USF		
Min. Divisible USF		
Core Factor		
BUILDING DETAIL		
Ceiling Height		
# Parking Spaces	#	
Number of Stories		
Construction: (up to 3 entries)	<input type="checkbox"/> Block <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Precast Stone <input type="checkbox"/> Steel/Metal Skin <input type="checkbox"/> Wood Frame <input type="checkbox"/> Other/See Remarks	<input type="checkbox"/> Brick and Block <input type="checkbox"/> Masonry Steel <input type="checkbox"/> Steel and Glass <input type="checkbox"/> Stucco <input type="checkbox"/> Land
C & I Features: (up to 8 entries)	<input type="checkbox"/> ADA Component <input type="checkbox"/> Delivery <input type="checkbox"/> Dry Sprinkler System <input type="checkbox"/> Freight Elevator <input type="checkbox"/> Partially Fenced <input type="checkbox"/> Rail Line <input type="checkbox"/> Security Fenced <input type="checkbox"/> Truck Service <input type="checkbox"/> None <input type="checkbox"/> Land	<input type="checkbox"/> Conveyor <input type="checkbox"/> Dock High Door <input type="checkbox"/> Fixtures/Furniture <input type="checkbox"/> Loading Dock <input type="checkbox"/> Passenger Elevator <input type="checkbox"/> Roll Up Door <input type="checkbox"/> Security System <input type="checkbox"/> Wet Sprinkler System <input type="checkbox"/> Other/See Remarks
Floors: (up to 5 entries)	<input type="checkbox"/> Asbestos Tile <input type="checkbox"/> Carpet <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Concrete Structural <input type="checkbox"/> Tile/Carpet <input type="checkbox"/> Vinyl/Tile <input type="checkbox"/> Other/See Remarks	<input type="checkbox"/> Brick <input type="checkbox"/> Carpet Over Wood <input type="checkbox"/> Concrete Slab/Grade <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Vinyl/Asphalt/Tile <input type="checkbox"/> Wood <input type="checkbox"/> Land

Roof System:	<input type="checkbox"/> Aluminum Covering <input type="checkbox"/> Built-Up <input type="checkbox"/> Concrete Deck <input type="checkbox"/> Insulated <input type="checkbox"/> Steel Joints <input type="checkbox"/> Tile/Slate <input type="checkbox"/> Wood Joists <input type="checkbox"/> Wood Trusses <input type="checkbox"/> Land	<input type="checkbox"/> Asbestos Shingle <input type="checkbox"/> Composition Shingle <input type="checkbox"/> Corrugated Steel <input type="checkbox"/> Steel Deck <input type="checkbox"/> Steel Roof Trusses <input type="checkbox"/> Wood Deck <input type="checkbox"/> Wood Rafters <input type="checkbox"/> Other/See Remarks
Miscellaneous Items: (up to 4 entries)	<input type="checkbox"/> 220 Volts <input type="checkbox"/> Inventory Included <input type="checkbox"/> Rec. Facilities <input type="checkbox"/> None <input type="checkbox"/> Land	<input type="checkbox"/> 440 Volts <input type="checkbox"/> Living Spc. Provided <input type="checkbox"/> Recreation Area <input type="checkbox"/> Other/See Remarks

UTILITY DETAILS

Heating System: (up to 4 entries)	<input type="checkbox"/> Boiler <input type="checkbox"/> Circulating Hot Wtr <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Electric Ceiling <input type="checkbox"/> Floor Furnace <input type="checkbox"/> Forced Air Ducted <input type="checkbox"/> Forced Warm Air Elec <input type="checkbox"/> Forced Warm Air Gas	<input type="checkbox"/> Forced Warm Air Oil <input type="checkbox"/> Heat Pump(s) <input type="checkbox"/> No Heat <input type="checkbox"/> Office Area Only <input type="checkbox"/> Solar <input type="checkbox"/> Suspended Ceiling <input type="checkbox"/> Other/See Remarks <input type="checkbox"/> Land
Cooling System: (up to 4 entries)	<input type="checkbox"/> Central A/C <input type="checkbox"/> Cool Towers <input type="checkbox"/> Fans <input type="checkbox"/> Heat Pump <input type="checkbox"/> Humidity Control	<input type="checkbox"/> No A/C <input type="checkbox"/> Office Area Only <input type="checkbox"/> Window Unit(s) <input type="checkbox"/> Other/See Remarks <input type="checkbox"/> Land
Existing Utilities: (up to 9 entries)	<input type="checkbox"/> Community Sewer <input type="checkbox"/> Cable TV <input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> High Speed Internet <input type="checkbox"/> Municipal Sewer <input type="checkbox"/> Municipal Water	<input type="checkbox"/> Community Water <input type="checkbox"/> Septic <input type="checkbox"/> Telephone <input type="checkbox"/> Well <input type="checkbox"/> None <input type="checkbox"/> Other/See Remarks

UTILITY PROVIDERS

Water: (up to 2 entries)	<input type="checkbox"/> Community <input type="checkbox"/> Well <input type="checkbox"/> Other	<input type="checkbox"/> On-Site <input type="checkbox"/> Municipal <input type="checkbox"/> None
Electricity: (up to 2 entries)	<input type="checkbox"/> BEMC <input type="checkbox"/> Other	<input type="checkbox"/> Progress Energy <input type="checkbox"/> None
Sewer: (up to 2 entries)	<input type="checkbox"/> Community <input type="checkbox"/> Municipal <input type="checkbox"/> None	<input type="checkbox"/> Septic <input type="checkbox"/> Other
Telecommunications: (up to 2 entries)	<input type="checkbox"/> ATMC <input type="checkbox"/> Other	<input type="checkbox"/> Time Warner <input type="checkbox"/> None

