

CHURCH NAME: \_\_\_\_\_

DISTRICT: Capitol Area South

## ON-SITE PARSONAGE INSPECTION AND EVALUATION

**Parsonage  
Location:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Item	Meets Parsonage Standards Requirements?		Specify condition and corrective action to be taken if needed, specify rooms when necessary.	Estimated Cost
	✓YES	✓NO		
Fire Extinguisher	_____	_____	_____	_____
Smoke Alarms	_____	_____	_____	_____
Carbon Monoxide Detector	_____	_____	_____	_____
Heating System	_____	_____	_____	_____
Cooling System	_____	_____	_____	_____
Electrical System	_____	_____	_____	_____
Plumbing System	_____	_____	_____	_____
Kitchen Range	_____	_____	_____	_____
Refrigerator	_____	_____	_____	_____
Dish Washer	_____	_____	_____	_____
Disposal	_____	_____	_____	_____
Clothes Washer & Dryer	_____	_____	_____	_____
Exhaust Fans	_____	_____	_____	_____
Bathroom(s) Fixtures	_____	_____	_____	_____
Floor Coverings	_____	_____	_____	_____
Drapes/Blind/Shades	_____	_____	_____	_____
Walls: Paint	_____	_____	_____	_____
Wallpaper	_____	_____	_____	_____
Paneling	_____	_____	_____	_____
Ceilings	_____	_____	_____	_____
Storage Areas	_____	_____	_____	_____
Cabinets	_____	_____	_____	_____
Bookshelves	_____	_____	_____	_____
Insulation	_____	_____	_____	_____
Storm Windows / Doors	_____	_____	_____	_____
Building Exterior / Roof	_____	_____	_____	_____
Landscaping	_____	_____	_____	_____
Lawn Mower	_____	_____	_____	_____
TV Antenna/Cable	_____	_____	_____	_____
Other	_____	_____	_____	_____

We, the undersigned, conducted the on-site inspection/evaluation of the parsonage on (date) \_\_\_\_\_

\_\_\_\_\_ TRUSTEES CHAIR

\_\_\_\_\_ STAFF/PARISH CHAIR

\_\_\_\_\_ PASTOR