

CATHOLIC MUTUAL GROUP

10843 OLD MILL RD, OMAHA NE 68154

BUILDING REPORT FORM

DATE _____

MEMBER # _____ LEDGER # _____ ITEM # _____

PARISH _____

ADDRESS _____ CITY, STATE, ZIP _____

ITEM NAME _____

ITEM OCCUPANCY _____

ADDRESS OF ITEM _____

YEAR BUILT _____

ESTIMATED COST OF MOVEABLE CONTENTS IN THIS ITEM \$ _____

PERSON COMPLETING FORM _____

TELEPHONE NUMBER _____

NEW CONSTRUCTION COSTS		(if item has been constructed in last 18 months, please fill out this section)
CONTRACT COST TO CONSTRUCT	\$ _____	COMPLETION DATE _____
if contract costs include any of the following, please indicate		
SITE PREPARATION	\$ _____	
DEMOLITION COSTS	\$ _____	
PAVING/SIDEWALK	\$ _____	
LANDSCAPING	\$ _____	
ARCHITECT/ENGINEERING FEES	\$ _____	
VOLUNTEER LABOR	\$ _____	
DONATED MATERIALS	\$ _____	

SUPERSTRUCTURE		(enter square footage calculations from building sketch on page 4)		
	SQFT	AVERAGE STORY HEIGHT	PERIMETER	
FIRST FLOOR	_____	_____	_____	
SECOND FLOOR	_____	_____	_____	
THIRD FLOOR	_____	_____	_____	
FOURTH FLOOR	_____	_____	_____	
TOTAL	_____			
CHOIR LOFT/MEZZANINE (total sqft.)	_____			
# of STORIES IN TOWER	_____			
FINISHED BASEMENT	_____			
FINISHED BASEMENT OCCUPANCY	_____			
UNFINISHED BASEMENT	_____			
CRAWL	_____			
SLAB	_____			
OTHER	_____			

FRAME		enter as a %	
PROTECTED STEEL FRAME (A)	_____ %	CONCRETE FRAME (B)	_____ %
MASONRY (C)	_____ %	FRAME (D)	_____ %
STEEL FRAME (S)	_____ %	PRE ENGINEERED METAL (S)	_____ %

D

EXTERIOR		enter as a %			
BRICK/FRAME	_____ %	BRICK/MASON	_____ %	SOLID BRICK	_____ %
CONCRETE BLOCK	_____ %	POURED CONCRETE	_____ %	EIFS/MASONRY	_____ %
EIFS/FRAME	_____ %	GLASS CURTAIN	_____ %	STONE/MASON	_____ %
STONE/FRAME	_____ %	SOLID STONE	_____ %	SIDING/FRAME	_____ %
SIDING/MASON	_____ %	STUCCO/FRAME	_____ %	STUCCO/MASONRY	_____ %
OTHER	_____				

E

ROOF COVER		enter as a %			
ASPHALT	_____ %	BUILT UP SMOOTH	_____ %	BUILT UP GRAVEL	_____ %
COPPER	_____ %	SINGLE PLY	_____ %	SLATE	_____ %
STEEL	_____ %	CLAY TILE	_____ %	WOOD SHAKE	_____ %
OTHER	_____				

F

INTERIOR PARTITION WALL		enter as a %			
BRICK	_____ %	CONCRETE BLOCK	_____ %	POURED CONCRETE	_____ %
DEMOUNTABLE	_____ %	FOLDING	_____ %	STUDS/GIRTS	_____ %
OTHER	_____			NONE	_____ %

G

INTERIOR FINISH		enter as a %			
DRYWALL	_____ %	PAINT	_____ %	PLASTER	_____ %
PLY/FIBER BOARD	_____ %	CERAMIC TILE	_____ %	QUARRY TILE	_____ %
TEXTURED	_____ %	WALLPAPER	_____ %	WOOD PANEL	_____ %
OTHER	_____			NONE	_____ %

H

FLOOR FINISH		enter as a %			
BRICK	_____ %	CARPET	_____ %	SEALER	_____ %
HARDWOOD	_____ %	GYM-HARDWOOD	_____ %	MARBLE	_____ %
GYM-SYNTHETIC	_____ %	TERRAZO	_____ %	ASPHALT TILE	_____ %
VINYL TILE	_____ %	CERAMIC TILE	_____ %	QUARRY TILE	_____ %
OTHER	_____			NONE	_____ %

I

CEILING FINISH		enter as a %			
DRYWALL	_____ %	PAINT	_____ %	PLASTER	_____ %
PLY/FIBER BOARD	_____ %	ACOUSTICAL-SUSP	_____ %	ACOUSTICAL TILE	_____ %
WALLPAPER	_____ %	WOOD PANEL	_____ %	NONE	_____ %
OTHER	_____				

J

HEAT SYSTEM		enter as a %			
BOILER & PIPING	_____ %	ELECTRIC BASEBOARD	_____ %	FORCED WARM AIR	_____ %
SUSPENDED UNIT	_____ %	HEAT PUMP	_____ %	ROOF TOP UNIT	_____ %
HOT WATER/RAD	_____ %	THRU WALL UNIT	_____ %	NONE	_____ %
OTHER	_____				

K

COOL SYSTEM		enter as a %			
CHILLED WATER	_____ %	EVAPORATIVE COOLER	_____ %	FORCED COOL AIR	_____ %
HEAT PUMP	_____ %	ROOF TOP UNIT	_____ %	THRU WALL UNIT	_____ %
WINDOW UNIT(S)	_____ %	NONE	_____ %		
OTHER	_____				

ANY ADDITIONAL BUILDING DATA

L

FIRE PROTECTION		enter as a %
SPRINKLERS	_____	%
FIRE ALARMS (pull stations)	_____	%
AUTOMATIC DETECTION	_____	%
NONE	_____	%
OTHER	_____	%

PLUMBING/ELEVATORS		(enter as count)
TOTAL # of FIXTURES	_____	
(to include toilets, sinks, drinking fountains, etc.)		
# of ELEVATORS	_____	
OTHER	_____	

M

MISCELLANEOUS AMENITIES	
COMMERCIAL KITCHEN EQUIPMENT (indicate with number of, or actual cost if new)	
CONVECTION OVEN	_____
OVEN	_____
RANGE	_____
EXHAUST HOOD (lineal feet)	_____
REACH IN REFRIGERATOR	_____
REACH IN FREEZER	_____
ICE MACHINE	_____
STAINLESS STEEL SINK	_____
PASS THRU DISHWASHER	_____
CABINET DISHWASHER	_____
DISHWASHER DISPOSAL	_____
STAINLESS STEEL TABLES	_____
FLOOR KETTLE	_____
WALK IN COOLER (width X length)	_____
WALK IN FREEZER (width X length)	_____
RESIDENTIAL RANGE	_____
RESIDENTIAL REFRIGERATOR	_____
RESIDENTIAL CHEST FREEZER	_____
RESIDENTIAL DISHWASHER	_____
OTHER	_____

CHURCH SPECIALS	
(indicate with number of, or actual cost if new)	
ALTAR	_____
AMBO	_____
PEWS (lineal feet)	_____
TABERNACLE	_____
STATIONS OF THE CROSS	_____
CORPUS & CROSS	_____
BAPTISMAL FONT	_____
STATUES (height)	_____
CARILLION BELL SYSTEM	_____
BELLS (diameter)	_____
PIPE ORGAN (# of stops)	_____
ORGAN	_____
PIANO	_____
KEYBOARD	_____
OTHER	_____

PHYSICAL EDUCATION EQUIPMENT (indicate with number of, or actual cost if new)	
BASKETBALL SCOREBOARD	_____
BLEACHERS (lineal ft. of seat area)	_____
LOCKERS (total number in locker room)	_____
BACKBOARDS (glass or fiberglass)	_____
DIVIDER	_____
VOLLEYBALL NET SYSTEM	_____
OTHER	_____

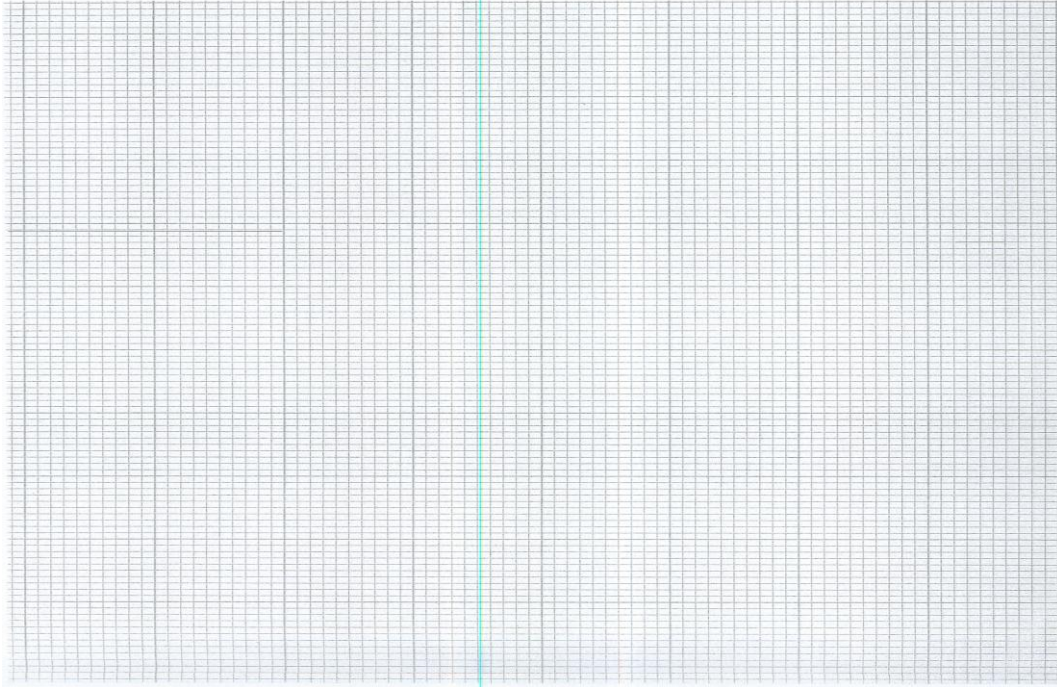
STAINED GLASS WINDOWS		
Measurements to be width and height of stained glass. Height measurement to be to the peak of the window. Indicate (y/n) if window has protective exterior covering. Please provide photo for each window. NAME OF GLASS STUDIO (IF KNOWN)		
COST OF STAINED GLASS (if new)		
\$ _____		
# of WINDOWS	WIDTH x HEIGHT	PROTECTION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ANY ADDITIONAL AMENITIES OR IMPROVEMENTS

BUILDING SKETCH

(indicate footprint of item with exterior measurements)

N



PLOT PLAN

Item # and/or building name of nearest existing structure to new item _____

Indicate distance between new item to nearest existing structure (in feet) _____

O

Sketch to indicate proximity of new item to nearest structure

