



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES

COMPARABLE HOUSING LISTING

PROJECT NAME: _____

STATE PROJECT #: _____

FEDERAL-AID PROJECT #: _____

PARCEL #: _____ UNIT #: _____

Catalog Number: _____

Owner's Name: _____

Owner's Telephone number: _____

Realtor's Name: _____

Realtor's Telephone number: _____

Address: _____

Monthly Rent \$ _____

Furnished

Unfurnished

Utilities:

Heat: Monthly Amount \$ _____

Lights: Monthly Amount \$ _____

Water: Monthly Amount \$ _____

Sewer: Monthly Amount \$ _____

Paid by Owner

Paid by Tenant

TOTAL UTILITIES PAID: \$ _____

_____ Blocks to Schools

_____ Blocks to Commercial Facilities

_____ Blocks to Transportation Services

_____ Blocks to Community Facilities

DWELLING INSPECTION:

Single Family

Multi-Family

Mobile Home

Other

Number of:

Habitable Rooms: ____ Bedrooms: ____ Bathrooms: ____

Amount of:

Habitable Floor Space: _____

Type of

Construction _____ Age _____ Condition _____ Lot Size _____

Basement: Yes No If yes, Finished Unfinished

Garage Yes No If yes, Carport Two Car One Car

Other Storage Areas: _____

Site Improvements: Paved Streets Curb Sidewalk

Attach Photograph

Date: _____ Right-of-Way Agent's signature: _____