

HISTORIC CHARLESTON FOUNDATION
HURRICANE HUGO DAMAGE ASSESSMENT FORM

Date of Survey: 10.26.89

Video: Reel/Frame

Survey Team:

Camera:

Members:

Slides: [☒]

B. & W.: [☒]

Sorie Scott
Chip Bennett

Name of Property: (if any)

Street Address:

204 MEETING

Tax Map Number: 458-1-1-29

Current Owner:

DESCRIPTION

Principal Building ☒ Dependency [] Other []

No. of Stories: Basement [] 1 [] 2 ☒ 3 [] 4 []
Attic or Half Story ☒

Material:

Structure: Brick [] Wood Frame ☒ Stone [] Metal []
Other []:

Surface Covering: Stucco [] Wood Siding ☒ Other []:

Roof Covering: Slate [] Metal ☒ Tile [] Asphalt []
Other []:

Piazza: Foundation: Brick ☒ Stone [] Wood []
Other []:

Main Piazza: Brick [] Wood ☒ Other []

Roof Covering (if different from main building):

Chimneys: Brick ☒ Brick & Stucco [] Stone [] Other []

Comments:

Address:

Tax Map No.:

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Damage Assessment

None

Minor

Major

%

Exterior Features

Walls: Foundation/Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4th Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shutters			
Piazza/Portico	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Downspouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gutters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cornice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parapet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Covering	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dormers (Number: 4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chimneys (Number: 1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Visible Damage

Garden Walls/Fences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walkways/Paving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

