

HISTORIC CHARLESTON FOUNDATION
HURRICANE HUGO DAMAGE ASSESSMENT FORM

Date of Survey: 10/4/89

Video: Reel/Frame
Camera:

Survey Team:
Members: SOB

Slides: [2]
B. & W.: [2]

Name of Property: (if any)

Street Address: 50 CHURCH ST

Tax Map Number: 458-13-1-85

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

no vis.

Comments:

Damage Assessment None Minor Major 8

Exterior Features

Walls: Foundation/Basement	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4th Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shutters			
Piazza/Portico	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Downspouts	<input checked="" 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 <i>NOT VIS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dormers (Number: 0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chimneys (Number: 0) <i>NOT VIS.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Screens
Tipped*

Other Visible Damage

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

