

DATE

Customer full name	
Address	
City, State, Zip	
Email	
Phone	

CUSTOMER PROJECT SELECTION TABLE

Exterior Checklist

1.	<input type="checkbox"/> Foundation:	<input type="checkbox"/> Cracks (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Settling (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Signs of water damage (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Vegetation or trees near the foundation (Y) <input type="checkbox"/> (N) <input type="checkbox"/>
2.	<input type="checkbox"/> Exterior Walls:	<input type="checkbox"/> Water damage (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Cracks (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Deterioration (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Check for proper sealing around windows and doors. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>
3.	<input type="checkbox"/> Roof and Gutters:	<input type="checkbox"/> Missing or damaged shingles (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Missing or damaged flashing (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Missing or damaged tiles (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Inspect gutters for debris (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Proper drainage (Y) <input type="checkbox"/> (N) <input type="checkbox"/>
4.	<input type="checkbox"/> Chimney:	<input type="checkbox"/> Signs of damage (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Loose bricks (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Missing mortar (Y) <input type="checkbox"/> (N) <input type="checkbox"/>
5.	<input type="checkbox"/> Windows and Doors:	<input type="checkbox"/> Proper sealing (Y) <input type="checkbox"/> (N) <input type="checkbox"/>

	<input type="checkbox"/> Functioning locks (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> signs of damage
6.	<input type="checkbox"/> Siding and Trim: <input type="checkbox"/> Signs of rot (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Damage (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Insect infestations (Y) <input type="checkbox"/> (N) <input type="checkbox"/>
7.	<input type="checkbox"/> Driveway and Walkways: <input type="checkbox"/> Cracks (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Potholes (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Signs of damage (Y) <input type="checkbox"/> (N) <input type="checkbox"/>

Interior:

8.	<input type="checkbox"/> Walls and Ceilings: <input type="checkbox"/> Cracks (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Water (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Stains (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Evidence of leaks (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Water damage (Y) <input type="checkbox"/> (N) <input type="checkbox"/>
9.	<input type="checkbox"/> Windows and Doors (Interior): <input type="checkbox"/> Open and close properly (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Locks function (Y) <input type="checkbox"/> (N) <input type="checkbox"/>
10.	<input type="checkbox"/> Flooring: <input type="checkbox"/> Check for squeaks (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Warping (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Damage in hardwood (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Laminate (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Inspect carpets for wear (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Stains
11.	<input type="checkbox"/> Staircases and Railings: <input type="checkbox"/> Unstable (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Not secure (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Stable (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Secure (Y) <input type="checkbox"/> (N) <input type="checkbox"/>
12.	<input type="checkbox"/> Electrical: <input type="checkbox"/> Test outlets and switches for proper function (Y) (N) <input type="checkbox"/> <input type="checkbox"/> Look for any signs of electrical hazards (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> outdated wiring (Y) <input type="checkbox"/> (N) <input type="checkbox"/>
13.	<input type="checkbox"/> Plumbing: <input type="checkbox"/> Leaks under sinks, around (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Toilets (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Basement (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Crawl space (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Test faucets (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Showers (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Toilets (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Proper function (Y) <input type="checkbox"/> (N) <input type="checkbox"/>
14.	<input type="checkbox"/> (HVAC): <input type="checkbox"/> Inspect (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Furnace (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Air conditioner (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Ductwork (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Signs of wear or damage. (Y) <input type="checkbox"/> (N) <input type="checkbox"/> <input type="checkbox"/> Change HVAC filters. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>
15.	<input type="checkbox"/> Attic and Insulation: <input type="checkbox"/> Check for proper insulation (Y) <input type="checkbox"/> (N) <input type="checkbox"/>

- ☐ Ventilation (Y) ☐ (N) ☐
- ☐ Signs of leaks (Y) ☐ (N) ☐
- ☐ Pest infestations (Y) ☐ (N) ☐

16. ☐ **Basement/Crawl Space:**

- ☐ Signs of water intrusion (Y) ☐ (N) ☐
- ☐ Dampness (Y) ☐ (N) ☐
- ☐ structural issues (Y) ☐ (N) ☐
- ☐ Check for proper insulation (Y) ☐ (N) ☐
- ☐ ventilation (Y) ☐ (N) ☐

17. ☐ **Fireplace and Chimney (if applicable):**

- ☐ Ensure it's clean, safe, and properly vented. (Y) ☐ (N) ☐

Miscellaneous:

18. ☐ **Appliances:**

- ☐ Test all major appliances for proper function (Y) ☐ (N) ☐

19. ☐ **Smoke and Carbon Monoxide Detectors:**

- ☐ Are present (Y) ☐ (N) ☐
- ☐ Not present (Y) ☐ (N) ☐
- ☐ Functional (Y) ☐ (N) ☐
- ☐ Non functional (Y) ☐ (N) ☐
- ☐ Within recommended age (Y) ☐ (N) ☐

20. ☐ **General Safety:**

- ☐ Check handrails on stairs (Y) ☐ (N) ☐
- ☐ Safety features in bathrooms (Y) ☐ (N) ☐

21. ☐ **Pest and Mold Inspection:**

- ☐ Look for
- ☐ Signs of pests (Y) ☐ (N) ☐
- ☐ Mold in hidden areas (Y) ☐ (N) ☐

22. ☐ **Accessibility:**

- ☐ Assess the property for any specific accessibility needs.

Bathroom Remodel Punch List

1. ☐ **Vanity and Sink:**

- ☐ Check for any loose handles or knobs (Y) ☐ (N) ☐
- ☐ Ensure the sink is properly sealed and free of leaks (Y) ☐ (N) ☐
- ☐ Verify drawers and cabinet doors open and close smoothly (Y) ☐ (N) ☐

2. ☐ **Countertop and Backsplash:**

- ☐ Inspect for any visible seams or gaps. (Y) ☐ (N) ☐
- ☐ Ensure tiles are properly grouted and sealed. (Y) ☐ (N) ☐
- ☐ Check for any chips, (Y) ☐ (N) ☐
- ☐ Scratches, or stains. (Y) ☐ (N) ☐

3. ☐ **Toilet:**

- ☐ Confirm the toilet is securely anchored and level. (Y) ☐ (N) ☐
- ☐ Check for any leaks around the base. (Y) ☐ (N) ☐

4. ☐ **Shower and Bathtub:**

- ☐ Verify that the fixtures are properly installed and functioning. (Y) ☐ (N) ☐
- ☐ Check for any leaks around the showerhead, faucet, or bathtub. (Y) ☐ (N) ☐

5. ☐ **Grout and Caulking:**

- ☐ Inspect grout lines for any cracks or gaps. (Y) ☐ (N) ☐
- ☐ Ensure all seams and edges are properly caulked. (Y) ☐ (N) ☐

6.	<input type="checkbox"/> Plumbing Fixtures:	
	<input type="checkbox"/> Test faucets and handles for proper function and no leaks. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
	<input type="checkbox"/> Ensure proper water temperature adjustments. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
7.	<input type="checkbox"/> Lighting:	
	<input type="checkbox"/> Confirm that all light fixtures are working. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
	<input type="checkbox"/> Check for proper placement and alignment. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
8.	<input type="checkbox"/> Electrical Outlets and Switches:	
	<input type="checkbox"/> Ensure all outlets and switches are functioning properly. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
	<input type="checkbox"/> Confirm GFCI outlets are installed where needed. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
9.	<input type="checkbox"/> Flooring:	
	<input type="checkbox"/> Verify that the flooring is properly installed and level (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
	<input type="checkbox"/> Check for any loose tiles or planks (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
10.	<input type="checkbox"/> Ventilation:	
	<input type="checkbox"/> Test the ventilation fan and ensure it properly vents outside. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
	<input type="checkbox"/> Check for any unusual noises or issues. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
11.	<input type="checkbox"/> Mirror and Shelving:	
	<input type="checkbox"/> Ensure mirrors are securely fastened and level. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
	<input type="checkbox"/> Check shelves for stability and proper installation. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
12.	<input type="checkbox"/> Paint and Finishing:	
	<input type="checkbox"/> Inspect walls and trim for any touch-ups needed. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
	<input type="checkbox"/> Check for any paint drips or imperfections. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
13.	<input type="checkbox"/> Storage and Cabinetry:	
	<input type="checkbox"/> Verify that shelves and cabinets are properly aligned and stable. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
	<input type="checkbox"/> Check for any loose handles or knobs. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	

Kitchen Remodel Punch List

1.	<input type="checkbox"/> Cabinetry:	
	<input type="checkbox"/> Check for any	
	<input type="checkbox"/> loose handles or knobs (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
	<input type="checkbox"/> Ensure all cabinet doors and drawers open and close smoothly (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
	<input type="checkbox"/> Verify shelves are level and stable. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
2.	<input type="checkbox"/> Countertops:	
	<input type="checkbox"/> Inspect for any visible seams or gaps (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
	<input type="checkbox"/> Chips (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
	<input type="checkbox"/> Scratches (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
	<input type="checkbox"/> Stains (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
3.	<input type="checkbox"/> Backsplash:	
	<input type="checkbox"/> tiles are properly grouted and sealed. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
	<input type="checkbox"/> missing or loose tiles (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
	<input type="checkbox"/> damaged tile (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
4.	<input type="checkbox"/> Appliances:	
	<input type="checkbox"/> Test all appliances to ensure they are in working order. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
	<input type="checkbox"/> Verify that they are properly installed and leveled. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
5.	<input type="checkbox"/> Sink and Faucet:	
	<input type="checkbox"/> Check for any leaks around the sink and faucet. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
	<input type="checkbox"/> Test hot and cold water functions. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
6.	<input type="checkbox"/> Lighting:	
	<input type="checkbox"/> Confirm that all light fixtures are working. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
	<input type="checkbox"/> Check for proper placement and alignment. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
7.	<input type="checkbox"/> Electrical Outlets and Switches:	
	<input type="checkbox"/> Ensure all outlets and switches are functioning properly. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
	<input type="checkbox"/> Confirm GFCI outlets are installed where needed. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	
8.	<input type="checkbox"/> Flooring:	
	<input type="checkbox"/> Verify that the flooring is properly installed and level. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>	

	<input type="checkbox"/> Check for any loose tiles or planks. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>
9.	<input type="checkbox"/> Paint and Finishing:
	<input type="checkbox"/> Inspect walls and trim for any touch-ups needed. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>
	<input type="checkbox"/> Check for any paint drips or imperfections. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>
10.	<input type="checkbox"/> Ventilation:
	<input type="checkbox"/> Test the range hood and ensure it properly vents outside. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>
	<input type="checkbox"/> Check for any unusual noises or issues. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>
11.	<input type="checkbox"/> Plumbing:
	<input type="checkbox"/> Inspect for any leaks around pipes and connections. (Y) <input type="checkbox"/> (N) <input type="checkbox"/>
	<input type="checkbox"/> Test hot and cold-water supply (Y) <input type="checkbox"/> (N) <input type="checkbox"/>

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Sincerely: *Benton Mason*

