

Project Punch List

Date: _____
WO # _____

Foreman _____

Owner Name _____
Address _____

<u>Item</u>	<u>Curb</u>	<u>Rooftop</u>
Gutter	_____	_____
Drip Edge	_____	_____
Ridge	_____	_____
Hips	_____	_____
Valleys	_____	_____
Jacks (Paint/Replace)	_____	_____
Vents-Ck with cust heater vent in place	_____	_____
Turbines	_____	_____
Power Vents	_____	_____
Chimney Flashing	_____	_____
Other Flashing	_____	_____
Gables	_____	_____
Dormers	_____	_____
Edge Trim	_____	_____
Rake Trim	_____	_____
Skylights-Caulking	_____	_____
Tree Clearance	_____	_____
Roof Cleanup	_____	_____
Ground Cleanup	_____	
Sidewalks/Driveways	_____	
Shrubs/Flower Bed	_____	
Trash (Paper, Cans, Butts, Etc.)	_____	
Magnet Roll	_____	

Comments/Suggestions: _____

Inspector

Home Owner