

<h2 style="margin: 0;">Specifications</h2> <p style="margin: 0;">Description of Materials</p>

Builder: _____
 Subdivision: _____ County: _____
 Property Address: _____ State: _____
 City: _____ Zip: _____

Describe all materials and equipment to be used, whether or not shown on drawings, by placing a check or an (X) in the appropriate box. If the space indicated for your materials is not described, inaccurate or insufficient, then describe in "Additional Info" under the appropriate section, or in Miscellaneous.

1. Site

- | | | | | | |
|----------------|--------------------------|---------------|--------------------------|------------------|--------------------------|
| Public Sewer | <input type="checkbox"/> | Public Sewage | <input type="checkbox"/> | Septic Tank | <input type="checkbox"/> |
| Natural Gas | <input type="checkbox"/> | Well & Pump | <input type="checkbox"/> | Community System | <input type="checkbox"/> |
| Liquid Petrol. | <input type="checkbox"/> | Electricity | <input type="checkbox"/> | Total Electric | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | | | |

Additional Information: _____

2. Foundation

- | | | | | | |
|-----------------|-----------------|--------------------------|--------|-------|----------------------|
| Footings | Poured Concrete | <input type="checkbox"/> | P.S.I. | _____ | |
| Foundation | Poured Concrete | <input type="checkbox"/> | P.S.I. | _____ | Depth (inches) _____ |
| | Concrete Block | <input type="checkbox"/> | | | |
| Support Columns | Concrete Block | <input type="checkbox"/> | | | |
| | Steel Post | <input type="checkbox"/> | | | |
| Slab on Grade | | <input type="checkbox"/> | P.S.I. | _____ | |

Waterproofing or moisture barrier (describe): _____

Additional Information: _____

3. Basement Area

- | | |
|---|--------------------------|
| Full basement | <input type="checkbox"/> |
| Partial basement | <input type="checkbox"/> |
| No basement | <input type="checkbox"/> |
| Open and unfinished basement | <input type="checkbox"/> |
| Plumbing roughed in for fixtures in unfinished basement | <input type="checkbox"/> |

Ceiling height: _____

Additional Information: _____

4. Exterior Walls

- | | | | | | |
|----------------------|--------------------------|-------------|--------------------------|-------|--------------------------|
| Cedar | <input type="checkbox"/> | Brick | <input type="checkbox"/> | Stone | <input type="checkbox"/> |
| Composite lap siding | <input type="checkbox"/> | Combination | <input type="checkbox"/> | T1-11 | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | | | |

Additional Information : _____

5. Framing and Sheathing

Item	Size	Material	Grade
Posts	x		
Girders	x		
Joists	x		
Sub flooring	x		
Studs	x		
Rafters	x		
Trusses	x		
Sheathing: roof			
Sheathing: walls			

Additional information: _____

6. Roofing

Cedar shingles Cedar shakes Composition
 Tile Other

Additional information: _____

7. Gutters, Downspouts and Drainage System

Galvanized Aluminum Other

Connected to: _____

Additional information: _____

8. Windows

Wood frame Aluminum frame Vinyl Frame
 Other
 Single hung Double hung Horizontal slide
 Other
 Double glazed Storm Windows Skylights
 Sliding door Window/door screens No screens

Total number of windows: ____

Total number of sliding glass doors: ____

Additional information: _____

8. Insulation

Location	Material	R-Factor	Thickness (in.)
Ceiling			
Walls			
Floor			
Basement walls			
Garage			

Additional information: _____

9. Heating and Cooling

Heating Type:

- | | | | | | |
|------------|--------------------------|---------------|--------------------------|-----------|--------------------------|
| Forced air | <input type="checkbox"/> | Radiator | <input type="checkbox"/> | Baseboard | <input type="checkbox"/> |
| Wall unit | <input type="checkbox"/> | Ceiling cable | <input type="checkbox"/> | Heat pump | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | | | |

Cooling Type:

- | | | | | | |
|-----------|--------------------------|-----------|--------------------------|-------------|--------------------------|
| Central | <input type="checkbox"/> | Wall unit | <input type="checkbox"/> | Window unit | <input type="checkbox"/> |
| Heat pump | <input type="checkbox"/> | Other | <input type="checkbox"/> | | |

Fuel:

- | | | | | | |
|----------|--------------------------|------|--------------------------|---------|--------------------------|
| Electric | <input type="checkbox"/> | Gas | <input type="checkbox"/> | Propane | <input type="checkbox"/> |
| Solar | <input type="checkbox"/> | Wood | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Additional information: _____

10. Equipment and Appliances

- | | | | | | |
|------------------|--------------------------|-------------------|--------------------------|-----------------------|--------------------------|
| Single wall oven | <input type="checkbox"/> | Double wall oven | <input type="checkbox"/> | Drop-in stove (grill) | <input type="checkbox"/> |
| Vent hood | <input type="checkbox"/> | Dishwasher | <input type="checkbox"/> | Refrigerator | <input type="checkbox"/> |
| Trash compactor | <input type="checkbox"/> | Microwave | <input type="checkbox"/> | Central vacuum | <input type="checkbox"/> |
| Intercom | <input type="checkbox"/> | Roof ventilator | <input type="checkbox"/> | Attic fan | <input type="checkbox"/> |
| Fire alarm | <input type="checkbox"/> | Burglar alarm | <input type="checkbox"/> | Electric garage door | <input type="checkbox"/> |
| Water heater | <input type="checkbox"/> | Bath/laundry fans | <input type="checkbox"/> | | |

Item	Description	Manufacturer
Oven		
Stove		
Microwave		
Dishwasher		
Water Heater		

Additional information: _____

11. Electrical Wiring and Fixtures

Lighting/fixtures allowance: _____

Additional information: _____

12. Plumbing and Plumbing Fixtures

Location	Fixtures	Materials
Kitchen		
Sink		
Bar sink		

Master Bathroom			
	Tub		
	Shower		
	Sinks		
2 nd Bath			
	Tub		
	Shower		
	Sinks		
3 rd Bath			
	Tub		
	Shower		
	Sinks		
Utility			
	Tub		
Other			

Additional information: _____

13. Exterior and Interior Painting and Finish

Exterior walls:

- Painted Number of coats: ___
 Stained Number of coats: ___
 Other

Additional information: _____

Interior walls:

- Drywall – painted Number of coats: ___
 Drywall – wall paper
 Other

Additional information: _____

14. Doors and Trim

Exterior door – Entry:

- Solid wood Fiberglass (unpainted) Fiberglass (painted)
 Other

Exterior doors – Other:

- Steel Fiberglass (unpainted) Fiberglass (painted)
 Other

Interior doors:

- Solid wood Solid core Hollow core
 Other

Contract _____

Exhibit ___

Trim:

Crown molding	<input type="checkbox"/>	Dentil molding	<input type="checkbox"/>	Picture Molding	<input type="checkbox"/>
Chair rail	<input type="checkbox"/>	Base	<input type="checkbox"/>	Trim	<input type="checkbox"/>
Other	<input type="checkbox"/>				

Interior Trim Finish:

Stain	<input type="checkbox"/>	Natural	<input type="checkbox"/>	Paint	<input type="checkbox"/>
Other	<input type="checkbox"/>				

Additional information: _____

15. Cabinets

Custom	<input type="checkbox"/>	Stock	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Manufacturer: _____

Cabinet body materials: _____

Door & facing materials: _____

Finish: _____ Number of coats: _____

Additional information: _____

16. Countertops and Tile Work

Countertops (kitchen):

Granite	<input type="checkbox"/>	Formica	<input type="checkbox"/>	Tile	<input type="checkbox"/>
Other					

Countertops (bath):

Granite	<input type="checkbox"/>	Formica	<input type="checkbox"/>	Tile	<input type="checkbox"/>
Other					

Countertops (utility):

Granite	<input type="checkbox"/>	Formica	<input type="checkbox"/>	Tile	<input type="checkbox"/>
Other					

Tile Work (other than flooring):

Back splash	<input type="checkbox"/>	Tub surround	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Additional information: _____

17. Flooring

Carpet:

Living Room	<input type="checkbox"/>	Dining Room (area)	<input type="checkbox"/>	Bedrooms	<input type="checkbox"/>
Den/office	<input type="checkbox"/>	Family Room	<input type="checkbox"/>	Other	<input type="checkbox"/>

Carpet allowance: _____ (including pad)

Contract _____

Exhibit ____

Hardwood/laminate:

Kitchen	<input type="checkbox"/>	Utility Room	<input type="checkbox"/>	Bathrooms	<input type="checkbox"/>
Living Room	<input type="checkbox"/>	Dining Room (area)	<input type="checkbox"/>	Bedrooms	<input type="checkbox"/>
Family Room	<input type="checkbox"/>	Entry Way	<input type="checkbox"/>	Other	<input type="checkbox"/>

Hardwood/laminate allowance: _____

Vinyl:

Kitchen	<input type="checkbox"/>	Utility Room	<input type="checkbox"/>	Bathrooms	<input type="checkbox"/>
Living Room	<input type="checkbox"/>	Dining Room (area)	<input type="checkbox"/>	Bedrooms	<input type="checkbox"/>
Family Room	<input type="checkbox"/>	Entry Way	<input type="checkbox"/>	Other	<input type="checkbox"/>

Vinyl allowance: _____

Tile:

Kitchen	<input type="checkbox"/>	Utility Room	<input type="checkbox"/>	Bathrooms	<input type="checkbox"/>
Living Room	<input type="checkbox"/>	Dining Room (area)	<input type="checkbox"/>	Bedrooms	<input type="checkbox"/>
Family Room	<input type="checkbox"/>	Entry Way	<input type="checkbox"/>	Other	<input type="checkbox"/>

Tile allowance: _____

Additional information: _____

18. Fireplaces

Number of fireplaces: ____

Location of fireplaces: _____

Fireplace #1:

Masonry	<input type="checkbox"/>	Prefabricated	<input type="checkbox"/>	Other	<input type="checkbox"/>
Stone face	<input type="checkbox"/>	Brick face	<input type="checkbox"/>	Other	<input type="checkbox"/>
36"	<input type="checkbox"/>	42"	<input type="checkbox"/>	Other	<input type="checkbox"/>

Fireplace #2:

Masonry	<input type="checkbox"/>	Prefabricated	<input type="checkbox"/>	Other	<input type="checkbox"/>
Stone face	<input type="checkbox"/>	Brick face	<input type="checkbox"/>	Other	<input type="checkbox"/>
36"	<input type="checkbox"/>	42"	<input type="checkbox"/>	Other	<input type="checkbox"/>

Additional information: _____

19. Garage/Carport

Finished sheetrock	<input type="checkbox"/>	Unfinished – exposed studs	<input type="checkbox"/>
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Additional information: _____

20. Porches, Patio and Decks

Item	Location	Size	Material
Screened Porch			

Contract _____

Exhibit ____

Open Porch			
Deck – above ground			
Deck – ground level			
Patio			
Walkway			
Other			

Additional information: _____

21. Driveway

Concrete Asphalt Other

Width: _____
Length: _____

Additional information: _____

22. Landscaping

Sprinkler system Lawn sod Lawn seed
Shrubs/plants Bark dust Other ground cover
Other

Additional information: _____

23. Miscellaneous

24. Check Only Rooms to be Finished or Remodeled – by Floor

<u>Basement</u>	<u>Main Floor</u>	<u>Second Floor</u>	<u>Third Floor/Loft</u>
Family Room <input type="checkbox"/>	Living Room <input type="checkbox"/>	Bedroom (1) <input type="checkbox"/>	Bedroom (1) <input type="checkbox"/>
Den/Office <input type="checkbox"/>	Dining Room <input type="checkbox"/>	Bedroom (2) <input type="checkbox"/>	Bedroom (2) <input type="checkbox"/>
Bedroom (1) <input type="checkbox"/>	Bedroom (1) <input type="checkbox"/>	Bedroom (3) <input type="checkbox"/>	Bedroom (3) <input type="checkbox"/>
Bedroom (2) <input type="checkbox"/>	Bedroom (2) <input type="checkbox"/>	Bedroom (4) <input type="checkbox"/>	Bedroom (4) <input type="checkbox"/>
Bedroom (3) <input type="checkbox"/>	Bedroom (3) <input type="checkbox"/>	Family Room <input type="checkbox"/>	Family Room <input type="checkbox"/>
Bedroom (4) <input type="checkbox"/>	Bedroom (4) <input type="checkbox"/>	Den/Office <input type="checkbox"/>	Den/Office <input type="checkbox"/>
Kitchen <input type="checkbox"/>	Family Room <input type="checkbox"/>	Bath (1) <input type="checkbox"/>	Bath (1) <input type="checkbox"/>
Bath (1) <input type="checkbox"/>	Den/Office <input type="checkbox"/>	Bath (2) <input type="checkbox"/>	Bath (2) <input type="checkbox"/>
Bath (2) <input type="checkbox"/>	Kitchen <input type="checkbox"/>	Bath (3) <input type="checkbox"/>	Bath (3) <input type="checkbox"/>
Bath (3) <input type="checkbox"/>	Bath (1) <input type="checkbox"/>	Utility <input type="checkbox"/>	Utility <input type="checkbox"/>
Utility <input type="checkbox"/>	Bath (2) <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>
Garage <input type="checkbox"/>	Bath (3) <input type="checkbox"/>		
Other <input type="checkbox"/>	Utility <input type="checkbox"/>		
	Garage <input type="checkbox"/>		
	Entry Way <input type="checkbox"/>		
	Other <input type="checkbox"/>		

Additional information: _____

SAMPLE