

## PRE-COMPLETION & PUNCHLIST CONFERENCE DETAIL

Project Name: _____	Project No. _____
Address: _____	Date: _____
City, State, Zip: _____	Email: _____

**This punchlist to be completed after mechanical and electrical inspections are complete.**

### ELECTRICAL

All outlets and lights per floor plan and elevation and backsplash details considered.  
Nail plates in place.  
Insulation meets fire code pertaining to \_\_\_\_\_  
Ceiling fixtures and proper location per plan.  
Rough-in boxes correctly set for drywall hanging doors, trim, etc.  
Wiring for \_\_\_\_\_  
security, telephone, smoke detectors in place.  
Panel work completed.  
Electrical inspection completed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PLUMBING

All fixture rough-in centers per plan.  
Nail plates in place.  
Backing board in place for wall hung lavatories, accessories and grab bars.  
Pipes insulated in crawl space secured properly.  
Rough-in for diverter correct distance from 2' x 4' for tile work requirements.  
Plumbing inspection completed.  
Tub not chipped.  
Access panel roughed in.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### HVAC

All ductwork per plan.  
No conflict between diffusers and electric fixtures.  
Ducts insulated properly where indicated.  
Control wiring, thermostat(s) installed if included.  
All flues properly installed.  
Inspections completed for any wiring and gas piping required.

\_\_\_\_\_  
\_\_\_\_\_

### FRAMING

All door locations per plan ( $\pm 1/8"$ ).  
All window locations (height and width) per plan.  
Casing sizing and ceiling to finished floor dimensions verified against cabinet order.  
All partitions per plan: square, level, correct layout.  
Insulation around windows and doors.  
Kitchen cabinet layout will work.  
Lavatory cabinet layout will work.  
Molding extensions do not extend beyond finished wall.  
Inside corner cabinet will not hit open drawers.  
Soffit correct size, square to match wall cabinets.  
Job is clean, trash is being controlled on the site.  
Weather protection in-place, if needed.  
Materials stored safely, protected from moisture and dust protection in-place for drywall work.

\_\_\_\_\_

If the items on this list have been completed, installer may proceed to order Close-in Inspection.

_____	_____
Signature	Date

## PRE-COMPLETION & PUNCHLIST CONFERENCE DETAIL

Client Name: \_\_\_\_\_ Contract #: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

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A final inspection was completed for subject project on \_\_\_\_\_. The work was found to be complete and satisfactory, except for the items listed below.

Items to be corrected or completed (see below): \_\_\_\_\_ Date to be completed: \_\_\_\_\_

This list represents all repair and/or replacement work required to complete the project per contractual plans and specifications.

**ACKNOWLEDGED BY CLIENT OR OWNER'S AGENT**

**ACCEPTED BY COMPANY REPRESENTATIVE**

\_\_\_\_\_  
Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Signature  
Date: \_\_\_\_\_

At project completion, the project warranty card will be delivered and the final bill will be due.