

PROJECT PUNCH LIST

Owner Name: _____ Date: _____ Foreman: _____ WO#: _____

Address: _____

ITEM	CURB	ROOFTOP
Gutter	_____	_____
Drip Edge	_____	_____
Ridge	_____	_____
Hips	_____	_____
Valleys	_____	_____
Jacks (Paint/Replace)	_____	_____
Vents (Check 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 _____

Sidewalks / Driveways _____ Shrubs / Flower Bed _____

Trash (Paper, Cans, Butts, Etc.) _____ Magnet Roll _____

Comments Recommendations: _____

INSPECTOR: _____

HOME OWNER: _____