

# RENOVATION CHECK LIST

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PROJECT NUMBER: \_\_\_\_\_

- |   |                              |
|---|------------------------------|
| _____ LEVEL HOUSE                             | (NEED PLANS/DETAILS)         |
| _____ REPLACE SILLS                           | (NEED PLANS/DETAILS)         |
| _____ REPLACE FLOOR JOISTS                    | (NEED PLANS/DETAILS)         |
| _____ REPLACE SIDING                          | (MATCH EXISTING)             |
| _____ REPLACE WINDOWS                         | (NEED DETAILS/PER IRC/IBC)   |
| _____ REPLACE DOORS                           | (MATCH EXISTING)             |
| _____ REFRAME WALLS AND/OR CEILING            | (NEED DETAILS)               |
| _____ REPLACE RAFTERS                         | (NEED PLANS/DETAILS)         |
| _____ REPLACE CEILING AND/OR<br>WALL COVERING | (MATCH EXISTING)             |
| _____ REPLACE DECKING                         | (MATCH EXISTING)             |
| _____ REPLACE ROOF COVERING                   | (MATCH EXISTING)             |
| _____ REPAIR FIREPLACE                        | (MATCH EXISTING)             |
| _____ INSTALL SMOKE DETECTORS                 | (LOCATION/INST. PER IRC/IBC) |
| _____ REPAIR PORCH                            | (MATCH EXISTING)             |
| _____ REPAIR STAIRS AND/OR STEPS              | (MATCH EXISTING)             |
| _____ REPLACE TRIM                            | (MATCH EXISTING)             |
| _____ REPLACE FLOORING                        | (MATCH EXISTING)             |
| _____ OTHER (Provide details below)           |                              |