



Finished Lower Level Checklist



1 Floor Plan

Areas:

- | | | |
|------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Living/TV | <input type="checkbox"/> Work Out | <input type="checkbox"/> Unfinished |
| <input type="checkbox"/> Study | <input type="checkbox"/> Home Theatre | <input type="checkbox"/> _____ |
| Bath | | |
| <input type="checkbox"/> 1/2 Bath | <input type="checkbox"/> 3/4 Bath | <input type="checkbox"/> Full Bath |
| Kitchen | | |
| <input type="checkbox"/> Wet Bar | <input type="checkbox"/> Full Kitchen | <input type="checkbox"/> _____ |

2 Stairwell

- | | | |
|---------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Full Wall(s) | <input type="checkbox"/> Knee Wall(s) | <input type="checkbox"/> Railings |
|---------------------------------------|---------------------------------------|-----------------------------------|

3 Ceiling

- | | | |
|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Drywall | <input type="checkbox"/> Drywall/Drop | <input type="checkbox"/> Drop - 2 x 2 |
| <input type="checkbox"/> Unfinished | <input type="checkbox"/> Sound Attenuation | <input type="checkbox"/> _____ |

4 Lighting

- | | | |
|--------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Cans | <input type="checkbox"/> Tile | <input type="checkbox"/> Fixtures |
| <input type="checkbox"/> Track | <input type="checkbox"/> Sconces | <input type="checkbox"/> _____ |

5 Walls

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Drywall | <input type="checkbox"/> Waynes-Coating |
|----------------------------------|---|

6 Painting

- | | | |
|-------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Unfinished | <input type="checkbox"/> Primed | <input type="checkbox"/> Full Paint |
|-------------------------------------|---------------------------------|-------------------------------------|

7 Doors

- | | | |
|------------------------------|------------|--------------|
| Man Door(s) | | |
| <u>Type</u> | <u>Qty</u> | <u>Style</u> |
| <input type="checkbox"/> 30" | _____ | _____ |
| Bi-fold Door(s) | | |
| <u>Type</u> | <u>Qty</u> | <u>Style</u> |
| <input type="checkbox"/> 30" | _____ | _____ |

8 Column Wraps

	<u>Type</u>	<u>Qty</u>
<input type="checkbox"/>	1" x 6" Wood	_____
<input type="checkbox"/>	Drywall	_____
<input type="checkbox"/>	PreFab Column	_____

9 Flooring

Area: Stairs Type: _____
Area: _____ Type: _____
Area: _____ Type: _____

10 Plumbing

Plumbing None

Details _____

11 HVAC

Electric Natural Gas Propane
 Boiler _____

Details _____

Extended Runs Nothing Required

<u>Type</u>	<u>Qty</u>	<u>Approx. Length</u>
Supply	_____	_____
Return	_____	_____

Details _____

12 Electrical

Source	<input type="checkbox"/>	Outlets	<input type="checkbox"/>	Light Fixtures
Distance	_____	@	_____	@ _____
<input type="checkbox"/> 110		<input type="checkbox"/> 220		<input type="checkbox"/> Subpanel
Dedicated Circuit(s)				
<input type="checkbox"/> Refrigerator		<input type="checkbox"/> Kitchen		<input type="checkbox"/> Treadmill
<input type="checkbox"/> _____		<input type="checkbox"/> _____		<input type="checkbox"/> _____
Low Voltage				
<input type="checkbox"/> None		<input type="checkbox"/> Phone		<input type="checkbox"/> Cable
<input type="checkbox"/> Audio		<input type="checkbox"/> Home Theatre		<input type="checkbox"/> _____

13 Investment & Time Frame

\$ _____ Date: _____

Additional Notes:
