

PLAN:			DATE:				FINISH SCHEDULE KITCHEN
OWNER:			PHONE:				
	FLOOR	WALLS	CEILING	BASEBOARD	TRIM	LIGHTING	COMMENTS
Cabinets							
Counter Tops							
Refrigerator							
Cooking Appliances							
Vent Hood							
Dishwasher							
Disposal							
Sink							

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PLAN:				DATE:			FINISH SCHEDULE BATH
OWNER:				PHONE:			
BATH# & NAME	FLOOR	WALLS	CEILING	BASEBOARD	TRIM	LIGHTING	COMMENTS
Cabinets							
Counter Tops							
Sink							
Tub							
Shower							
Toilet							
Power Vent							

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PLAN:			DATE:				FINISH SCHEDULE Exterior
OWNER:			PHONE:				

AREA	INSULATION	SHEATHING	FINISH	TRIM	ROOF	Misc	COMMENTS
Front Wall or All walls	R- Material:		Siding Brick Other:				
Right Wall or All Other Walls							
Back Wall							
Left Wall							

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