

JOB SITE NAME/ADDRESS:

COMPANY NAME:



LAKE COUNTRY
♦ BUILDERS ♦
Handcrafting Your Vision™

BUILDING | REMODELING QUALITY CONTROL CHECKLIST

Please review this list and check mark each item to confirm completion.
Mark N/A if it was not part of your specs or was not needed for this project.

Concrete: Concrete

- | <input checked="" type="checkbox"/> | <input type="checkbox"/> | N/A | |
|-------------------------------------|--------------------------|------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | | Check walls for plumb, level, straight, & square |
| <input type="checkbox"/> | <input type="checkbox"/> | | When Post footings are used , check that sono tubes are used |
| <input type="checkbox"/> | <input type="checkbox"/> | | The minimum allowable frost footing depth is 5' in Zone I and 3-1/2 feet in Zone II. (See Frost Zone Map) |
| <input type="checkbox"/> | <input type="checkbox"/> | | Check placement of 6 mil plastic over gravel under slab |
| <input type="checkbox"/> | <input type="checkbox"/> | | Check 2" styrofoam installed under slab |

Notes:

Signed: _____ Date: _____