JOBSITE NAME/ADDRESS:

COMPANY NAME:

LAKE COUNTRY BUILDERS
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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.

Floor Framing: Carpentry Subcontractor

✔	N/A	
☐	☐	Check sill plates for exterior grade, pressure treated lumber
☐	☐	Check sill sealer installed between sill plate & foundation
☐	☐	Check anchor bolts installed with nut & washer; minimum 2 fasteners per plate, max 16" from each end, max 6' on center
☐	☐	Check beams for straightness and consistent height
☐	☐	Check all joists are crowned up
☐	☐	Check nail pattern on plywood 6" on joint and 8" in field

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Rough Framing: Carpentry Subcontractor

✔	N/A	
☐	☐	Check walls located per plans
☐	☐	Check framing requirements of plumber to allow for layout of joists and studs to minimize cutting and call-backs
☐	☐	Reframe any plumbing cutouts as necessary
☐	☐	Check walls for straightness, plumb, & square; correct size lumber for studs and headers
☐	☐	Check window and door openings; dimensions, plumb, square
☐	☐	Check all warped studs removed or straightened
☐	☐	Check garage door jamb & trim mold installed properly
☐	☐	Check trusses erected according to engineered design and installation instructions
☐	☐	Check for proper clearance around chimney
☐	☐	Check framing for moisture content; beware of excessively moist conditions which will contribute to high humidity in house during drying

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Rough Framing: Carpentry Subcontractor

✔	N/A	
☐	☐	Check studs for irregularities in wall line; make partial cuts in studs to straighten wall line
☐	☐	Check backing in walls and ceiling for nailing
☐	☐	Check rough openings for square, plumb, level, size
☐	☐	Check windows installed per manufacturers installation instructions 1.) Window frame secure against building 2.) Gap around window frame consistent on all sides 3.) Windows open and close smoothly 4.) Reveal at open window to be consistent 5.) Check that jamb is same dimension at top, middle and bottom 6.) Check that there are no scratches on glass
☐	☐	Confirm walls are straight behind countertops

Notes:

Signed:_____ Date:_____