



PROJECT SPECIFICATION SHEET
 Please use this form for all New Homes, Remodels or Additions

DEWITT TOWNSHIP BUILDING DEPARTMENT
DIRECT NUMBER: (517) 668-0278
FAX NUMBER: (517) 669-6496
 www.dewitttownship.org

Job Address: _____ Date: _____

Lot Number: _____ Subdivision: _____ Property Tax Number: _____

Basic Dimensions: _____ ft. x _____ ft. Number of Floors: _____

Number of full bathrooms: _____ Number of half bathrooms: _____ Number of bedrooms: _____

_____ Sq. Ft. Main floor	_____ Sq. Ft. - Unattached stor. blds.	_____ Number of gas fireplaces
_____ Sq. Ft. 2nd floor	_____ Sq. Ft. - Covered porches	_____ Number of wood fireplaces
_____ Sq. Ft. Finished bsmt.	_____ Sq. Ft. - Enclosed porches	_____ Number of factory chimneys
_____ Sq. Ft. Unfinished bsmt.	_____ Sq. Ft. - Wood decks	_____ Ceiling hts. of main living area
_____ Sq. Ft. Attached garage	_____ Central air	_____ Ceiling hts. of bsmt. living area

PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:

FOUNDATIONS:	INSULATION:	CHIMNEY TYPE:
<input type="checkbox"/> Ftgs. _____" x _____"	<input type="checkbox"/> _____" Fiber glass	<input type="checkbox"/> _____ Brick
<input type="checkbox"/> _____" Below finished grade	<input type="checkbox"/> _____" Cellulose	<input type="checkbox"/> _____ Block
<input type="checkbox"/> _____ No. of post footings _____" x _____"	<input type="checkbox"/> _____" Blown-in fiber glass	<input type="checkbox"/> _____ Stone
<input type="checkbox"/> Poured walls	<input type="checkbox"/> _____" Foam	<input type="checkbox"/> _____ Metal
<input type="checkbox"/> Hollow concrete block	<input type="checkbox"/> _____" Other _____ Type	
<input type="checkbox"/> Wood foundation	<input type="checkbox"/> _____" Rigid polyurethane	
<input type="checkbox"/> Foundation height in ft. _____ and inches _____	<input type="checkbox"/> _____" Rigid styrofoam	
<input type="checkbox"/> Crawl space height in ft. _____ and inches _____	<input type="checkbox"/> _____" Insulated sheathing	
<input type="checkbox"/> Bsmt. egress window sill height _____ inches	<input type="checkbox"/> _____ Ty-vek or other _____	
<input type="checkbox"/> _____ Number of basement windows	<input type="checkbox"/> _____ (mil) Vapor barrier	
<input type="checkbox"/> _____ ft. ² Area of crawl space vent openings		

ROUGH FRAMING:	ROOFS:	BUILT-INS:
<input type="checkbox"/> Treated sill plates _____" x _____"	<input type="checkbox"/> _____ Hip	<input type="checkbox"/> _____ Oven
<input type="checkbox"/> Wall plates _____" x _____"	<input type="checkbox"/> _____ Gable	<input type="checkbox"/> _____ Range
<input type="checkbox"/> Headers _____ Size and/or Type	<input type="checkbox"/> _____ Gambrel	<input type="checkbox"/> _____ Disposal
<input type="checkbox"/> Wood girder or <input type="checkbox"/> Steel girder	<input type="checkbox"/> _____ Overhangs	<input type="checkbox"/> _____ Microwave
<input type="checkbox"/> Steel columns _____ ft. on center	<input type="checkbox"/> _____ Eave troughs	<input type="checkbox"/> _____ Hood/fan
<input type="checkbox"/> Stud walls _____" x _____" _____ O.C.	<input type="checkbox"/> _____ Asphalt shingles	<input type="checkbox"/> _____ Dishwasher
<input type="checkbox"/> Floor joists _____" x _____" _____ O.C.	<input type="checkbox"/> _____ Fiber glass shingles	<input type="checkbox"/> _____ Refrigerator
<input type="checkbox"/> I - joists	<input type="checkbox"/> _____ Tiles	<input type="checkbox"/> _____ Incinerator
<input type="checkbox"/> Ceiling joists _____" x _____" _____ O.C.	<input type="checkbox"/> _____ Metal roofing	<input type="checkbox"/> _____ Vanities
<input type="checkbox"/> Rafters _____" x _____" _____ O.C.	<input type="checkbox"/> _____ Cedar shingles	<input type="checkbox"/> _____ Book case _____ Ft. x _____ Ft.
<input type="checkbox"/> Engineered trusses (diagrams required in field)	<input type="checkbox"/> _____ Number of roof vents	<input type="checkbox"/> _____ Sound system
<input type="checkbox"/> Wall sheathing-thickness in _____ inches	<input type="checkbox"/> _____ Continuous ridge vent	<input type="checkbox"/> _____ Entertainment center
<input type="checkbox"/> Corner bracing sheathing or <input type="checkbox"/> metal brace	<input type="checkbox"/> _____" Roof sheathing	<input type="checkbox"/> _____ Sauna
		<input type="checkbox"/> _____ Whirlpool tubs
		<input type="checkbox"/> _____ Wet bar
		<input type="checkbox"/> _____ Computer station

WINDOWS:	EXTERIOR:	INTERIOR:
<input type="checkbox"/> _____ Number of windows	<input type="checkbox"/> _____ Wood	<input type="checkbox"/> _____ Foyer material type
<input type="checkbox"/> _____ Wood sash	<input type="checkbox"/> _____ Aluminum	<input type="checkbox"/> _____ Kitchen floor type
<input type="checkbox"/> _____ Metal sash	<input type="checkbox"/> _____ Vinyl	<input type="checkbox"/> _____ Other floor coverings
<input type="checkbox"/> _____ Vinyl sash	<input type="checkbox"/> _____ Brick _____ ' x _____ ' _____	<input type="checkbox"/> _____ Drywall
<input type="checkbox"/> _____ Other type _____	<input type="checkbox"/> _____ Block	<input type="checkbox"/> _____ Plaster
<input type="checkbox"/> _____ Number of egress windows		<input type="checkbox"/> _____ Wainscoting
<input type="checkbox"/> _____ Attic accesses (minimum 22" x 30")		

Signature: _____ Date: _____