

PROJECT SPECIFICATION SHEET

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

Please select a jurisdiction: DeWitt Charter Township City of DeWitt City of Grand Ledge

Job Address: _____

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

ROUGH FRAMING:	ROOFS:	BUILT-INS:
<input type="checkbox"/> Treated sill plates _____" x _____" <input type="checkbox"/> Wall plates _____" x _____" <input type="checkbox"/> Headers _____ Size and/or Type <input type="checkbox"/> Wood girder or <input type="checkbox"/> Steel girder <input type="checkbox"/> Steel columns _____ ft. on center <input type="checkbox"/> Stud walls _____" x _____" _____ O.C. <input type="checkbox"/> Floor joists _____" x _____" _____ O.C. <input type="checkbox"/> I - joists <input type="checkbox"/> Ceiling joists _____" x _____" _____ O.C. <input type="checkbox"/> Rafters _____" x _____" _____ O.C. <input type="checkbox"/> Engineered trusses (diagrams required in field) <input type="checkbox"/> Wall sheathing-thickness in _____ inches <input type="checkbox"/> Corner bracing sheathing or <input type="checkbox"/> metal brace	<input type="checkbox"/> _____ Hip <input type="checkbox"/> _____ Gable <input type="checkbox"/> _____ Gambrel <input type="checkbox"/> _____ Overhangs <input type="checkbox"/> _____ Eave troughs <input type="checkbox"/> _____ Asphalt shingles <input type="checkbox"/> _____ Fiber glass shingles <input type="checkbox"/> _____ Tiles <input type="checkbox"/> _____ Metal roofing <input type="checkbox"/> _____ Cedar shingles <input type="checkbox"/> _____ Number of roof vents <input type="checkbox"/> _____ Continuous ridge vent <input type="checkbox"/> _____" Roof sheathing	<input type="checkbox"/> _____ Oven <input type="checkbox"/> _____ Range <input type="checkbox"/> _____ Disposal <input type="checkbox"/> _____ Microwave <input type="checkbox"/> _____ Hood/fan <input type="checkbox"/> _____ Dishwasher <input type="checkbox"/> _____ Refrigerator <input type="checkbox"/> _____ Incinerator <input type="checkbox"/> _____ Vanities <input type="checkbox"/> _____ Book case _____ Ft. x _____ Ft. <input type="checkbox"/> _____ Sound system <input type="checkbox"/> _____ Entertainment center <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 sash <input type="checkbox"/> _____ Metal sash <input type="checkbox"/> _____ Vinyl sash <input type="checkbox"/> _____ Other type _____ <input type="checkbox"/> _____ Number of egress windows <input type="checkbox"/> _____ Attic accesses (minimum 22" x 30")	<input type="checkbox"/> _____ Wood <input type="checkbox"/> _____ Aluminum <input type="checkbox"/> _____ Vinyl <input type="checkbox"/> _____ Brick _____' x _____' <input type="checkbox"/> _____ Block	<input type="checkbox"/> _____ Foyer material type <input type="checkbox"/> _____ Kitchen floor type <input type="checkbox"/> _____ Other floor coverings <input type="checkbox"/> _____ Drywall <input type="checkbox"/> _____ Plaster <input type="checkbox"/> _____ Wainscoting

Signature: _____ Date: _____