

JLance Properties

Walk Through Checklist

Property Address: _____ Date: _____

Homeowner: _____

Checklist for new home walk thru and orientation
 Paint and sheetrock will be inspected from center of rooms
 Seller and Buyer sign and receive copies

First Floor

Dining, Foyer, Bath

	<u>Room</u>	<u>Item</u>	Completed Date
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

Kitchen

<input type="checkbox"/>	Double Ovens	_____	_____
<input type="checkbox"/>	Cooktop	_____	_____
<input type="checkbox"/>	Microwave	_____	_____
<input type="checkbox"/>	Sink	_____	_____
<input type="checkbox"/>	Dishwasher	_____	_____
<input type="checkbox"/>	Refrigerator	_____	_____
<input type="checkbox"/>	Cabinets	_____	_____
<input type="checkbox"/>	Countertops	_____	_____
<input type="checkbox"/>	GFCI Receptacles	_____	_____
<input type="checkbox"/>	Garbage Disposal	_____	_____
<input type="checkbox"/>	Plumbing fixtures	_____	_____
<input type="checkbox"/>	Ice Maker Line	_____	_____
<input type="checkbox"/>	Lights	_____	_____
<input type="checkbox"/>	Butlers Pantry	_____	_____
<input type="checkbox"/>	Wood Floors	_____	_____
<input type="checkbox"/>	Other	_____	_____

Family Room/Breakfast

- Ceiling Fan/lights
- Fireplace/Gas Valves
- Audio/video wiring
- Smoke Detector
- Wood Floors
- Other

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Garage

- Garage Door
- Door openers
- Concrete Floor
- Sprinkler controls
- Other

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

First Floor Notes:

Master

- | | | |
|--|-------|-------|
| <input type="checkbox"/> Ceiling Fan/Lights | _____ | _____ |
| <input type="checkbox"/> Tile/Sink/Toilet/Tub | _____ | _____ |
| <input type="checkbox"/> Shower | _____ | _____ |
| <input type="checkbox"/> Vent Fans | _____ | _____ |
| <input type="checkbox"/> Tile Floor | _____ | _____ |
| <input type="checkbox"/> Jetted Tub Motor/GFCI | _____ | _____ |
| <input type="checkbox"/> Smoke Detector | _____ | _____ |
| <input type="checkbox"/> Thermostat | _____ | _____ |
| <input type="checkbox"/> Carpet | _____ | _____ |
| <input type="checkbox"/> Wood Floors | _____ | _____ |
| <input type="checkbox"/> Fireplace/Gas Valve | _____ | _____ |
| <input type="checkbox"/> Other | _____ | _____ |

Second Floor Notes:

Basement and Exterior

Basement

- Water Heater _____
- Locate Gas Cut offs _____
- Plumbing Shut offs _____
- Other Water Valves (spigots) _____
- Water Main Shut off _____
- Sewage tank/pump _____
- HVAC Shut off _____
- HVAC Filter _____
- Electric Panel _____
- Electric Shut off _____
- Windows _____
- Alarm/Cable/Phone _____

Exterior

- Water meter _____
- Gas Meter _____
- Electric Service _____
- HVAC Drain Line _____
- Compressor Units _____
- Hose Bibs _____
- Note: Freezing damage to spigots will occur with hoses installed. Please remove hoses in winter.
- Deck/Patio _____
- Front Porch/Steps _____
- Lighting _____
- Roof _____
- Landscaping _____
- Sod _____
- Plants _____
- Irrigation _____
- Painting _____
 - Siding _____
 - Fascia/Trim _____
 - Columns _____
 - Garage Door _____
 - Front Door _____
- Driveway _____
- Other _____

Basement/Exterior Notes:

1st Walk Thru Date: _____

2nd Walk Thru Date: _____

Conclusion of new home walk thru/orientation.

Homebuyer signature

Date

Seller Signature

Date