J Lance 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

Room	Item	Completed Date
☐ _____	_____	_____
☐ _____	_____	_____
☐ _____	_____	_____
☐ _____	_____	_____
☐ _____	_____	_____

Kitchen

☐ Double Ovens	_____	_____
☐ Cooktop	_____	_____
☐ Microwave	_____	_____
☐ Sink	_____	_____
☐ Dishwasher	_____	_____
☐ Refrigerator	_____	_____
☐ Cabinets	_____	_____
☐ Countertops	_____	_____
☐ GFCI Receptacles	_____	_____
☐ Garbage Disposal	_____	_____
☐ Plumbing fixtures	_____	_____
☐ Ice Maker Line	_____	_____
☐ Lights	_____	_____
☐ Butlers Pantry	_____	_____
☐ Wood Floors	_____	_____
☐ 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:

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Second Floor

Hallway/Attic

- ☐ Smoke Detector _____ _____
- ☐ Attic Stair Door and Light _____ _____
- ☐ HVAC /Filter _____ _____
- ☐ Check Gas Valves _____ _____
- ☐ Other _____ _____

Laundry Room

- ☐ Laundry Sink _____ _____
- ☐ Washer Hook Up and Pan _____ _____
- ☐ Dryer power and vent _____ _____
- ☐ GFCI _____ _____
- ☐ Flooring _____ _____

Bathrooms and Bedrooms

Bedroom 1_____

- ☐ Ceiling Fan/Lights _____ _____
- ☐ Tile/Sink/Toilet/Tub/Vent Fan _____ _____
- ☐ Tile Floors _____ _____
- ☐ Smoke Detector _____ _____
- ☐ Windows _____ _____
- ☐ Closet _____ _____
- ☐ Carpet _____ _____
- ☐ Other _____ _____

Bedroom 2 _____

- ☐ Ceiling Fan/Lights _____ _____
- ☐ Tile/Sink/Toilet/Tub/Vent Fan _____ _____
- ☐ Tile Floors _____ _____
- ☐ Smoke Detector _____ _____
- ☐ Windows _____ _____
- ☐ Closet _____ _____
- ☐ Carpet _____ _____
- ☐ Other _____ _____

Bedroom 3_____

- ☐ Ceiling Fan/Lights _____ _____
- ☐ Tile/Sink/Toilet/Tub/Vent Fan _____ _____
- ☐ Tile Floors
- ☐ Smoke Detector _____ _____
- ☐ Windows _____ _____
- ☐ Closet _____ _____
- ☐ Carpet _____ _____
- ☐ Other _____ _____

Master

- ☐ Ceiling Fan/Lights _____ _____
- ☐ Tile/Sink/Toilet/Tub _____ _____
- ☐ Shower _____ _____
- ☐ Vent Fans _____ _____
- ☐ Tile Floor _____ _____
- ☐ Jetted Tub Motor/GFCI _____ _____
- ☐ Smoke Detector _____ _____
- ☐ Thermostat _____ _____
- ☐ Carpet _____ _____
- ☐ Wood Floors _____ _____
- ☐ Fireplace/Gas Valve _____ _____
- ☐ Other _____ _____

Second Floor Notes:

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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 _____ _____
    - o Siding _____ _____
    - o Fascia/Trim _____ _____
    - o Columns _____ _____
    - o Garage Door _____ _____
    - o Front Door _____ _____
- ☐ Driveway _____ _____
- ☐ Other _____ _____

Basement/Exterior Notes:

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1st Walk Thru Date:_____

2nd Walk Thru Date:_____

Conclusion of new home walk thru/orientation.

_____ _____

Homebuyer signature Date Seller Signature Date