



POST CONSTRUCTION CHECKLIST

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Heating system vents connected at both ends.
<input type="checkbox"/>	<input type="checkbox"/>	Hot water heater vent connected at both ends.
<input type="checkbox"/>	<input type="checkbox"/>	Vents, risers & turbines painted.
<input type="checkbox"/>	<input type="checkbox"/>	Drip edge straight.
<input type="checkbox"/>	<input type="checkbox"/>	Gutters cleaned out.
<input type="checkbox"/>	<input type="checkbox"/>	Yard cleaned.
<input type="checkbox"/>	<input type="checkbox"/>	Overall appearance of roof is acceptable.
<input type="checkbox"/>	<input type="checkbox"/>	Referral list.

Comments: _____

Homeowner Signature

Date

Frisco Roofing Representative

Date

**PO Box 605 Frisco, TX 75034
(972)567-3362**