

FOUNDATION WORKSHEET

Job Number _____

CUSTOMER NAME Valerie and Elroy Duncan II
 ADDRESS 2879 N Grant Blvd
Milwaukee 53210
 CITY, STATE, ZIP

Subcontractor _____

Date Given _____

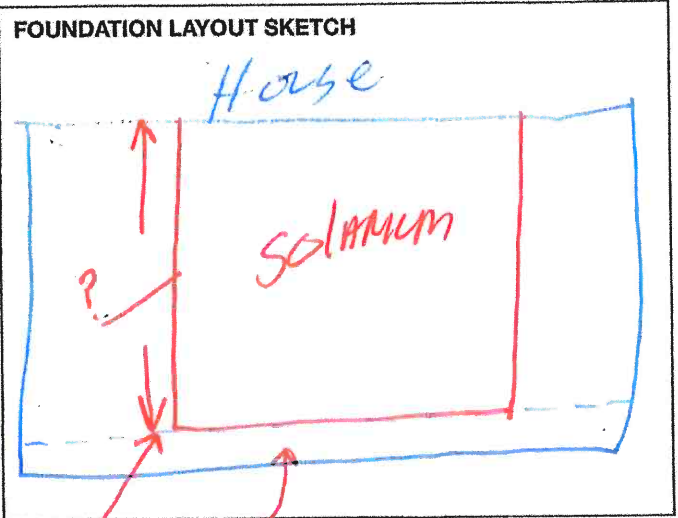
Date Complete _____

HOME PHONE _____
 EMAIL valeriaverde@lustmail.com

WORK PHONE (MR. MRS. MS.) 910 824 3445
 MOBILE PHONE _____

Access to Yard	Yes <input checked="" type="radio"/>	No <input type="radio"/>
Tear Out Existing Pad	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Break Up and Pour Over	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Saw Cut	Yes <input type="radio"/>	No <input checked="" type="radio"/>
New Foundation and Footings	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Height of Existing Foundation	_____	
Underpin Existing Pad	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Depth of Footings	_____	
Width of Footings	_____	
Type of Footings	Trench Belled	Full Form Pier
Dirt	Leave	Haul Away
Drain Tie-in	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Length of Tie-in	_____	
Gravel Base	Yes <input type="radio"/>	No <input type="radio"/>
Insulate Pad	Yes <input type="radio"/>	No <input type="radio"/>
Insulate Footers	Yes <input type="radio"/>	No <input type="radio"/>
Skirting	Yes <input type="radio"/>	No <input type="radio"/>
Skirting Type	_____	
New Stairs	Yes <input type="radio"/> No <input checked="" type="radio"/>	# of Stair Risers _____
Stair Riser Type	Open <input type="radio"/>	Closed <input type="radio"/>
Stair Width	_____	
Stair Landing	Yes <input type="radio"/> No <input checked="" type="radio"/>	Size _____
Handrail	Yes <input type="radio"/> No <input checked="" type="radio"/>	_____
Handrail Type	_____	
Underground Obstructions	Yes <input type="radio"/>	No <input checked="" type="radio"/>

Masonry	Yes <input type="radio"/>	No <input type="radio"/>				
Wood Decking	Yes <input type="radio"/>	No <input type="radio"/>				
Low-maintenance Decking	Yes <input type="radio"/>	No <input type="radio"/>				
Plywood Type	T&G <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	3/4" <input type="radio"/>	5/8" <input type="radio"/>	1/2" <input type="radio"/>
Insulate Deck	Yes <input type="radio"/>	No <input type="radio"/>				
Insulation Type	R13 <input type="radio"/>	R19 <input type="radio"/>	Other _____			
R-control Floor	6-inch <input type="radio"/>	8-inch <input type="radio"/>				
Vapor Barrier	Yes <input type="radio"/>	No <input type="radio"/>				
Permit	Yes <input type="radio"/>	No <input type="radio"/>				



NOTES

** SOLARIUM must set on House wall NOT overhang*

** A & C wall MUST SET ON DBL Floor Joist*

overhang

Customer will allow a cement truck to drive on their driveway Yes No

Customer (circle above and sign) X _____ Date _____

Great Day Improvements, LLC, will take preventive measures to ensure a proper job, however, there is NO GUARANTEE on cement work. Footers, wire mesh, and vapor barrier are used on all pads unless specified. Great Day Improvements, LLC, assumes no responsibility for damage to grass, shrubbery, trees, underground pipes, or lines.