Homeowner Drywall/Ceiling Inspection – 90-Day Check-Out Form

Dealer _____ Customer _____

Serial # _____ Lot # _____ Phone # _____ Date _____

Address of Home _____

Kitchen
Walls _____
Ceiling _____
Tile/Lam Floors _____

Living Room
Walls _____
Ceiling _____
Tile/Lam Floors _____

Dining Room
Walls _____
Ceiling _____
Tile/Lam Floors _____

Hallway
Walls _____
Ceiling _____
Tile/Lam Floors _____

Bonus Room
Walls _____
Ceiling _____
Tile/Lam Floors _____

Family Room
Walls _____
Ceiling _____
Tile/Lam Floors _____

Veranda Room
Walls _____
Ceiling _____
Tile/Lam Floors _____

Breakfast Nook
Walls _____
Ceiling _____

Hall Bath
Walls _____
Ceiling _____
Tile/Lam Floors _____

Master Bath
Walls _____
Ceiling _____
Tile/Lam Floors _____

Master Bedroom
Walls _____
Ceiling _____
Tile/Lam Floors _____

Bedroom #2
Walls _____
Ceiling _____
Tile/Lam Floors _____

Bedroom #3
Walls _____
Ceiling _____
Tile/Lam Floors _____

Bedroom #4
Walls _____
Ceiling _____
Tile/Lam Floors _____

Misc.
Walls _____
Ceiling _____
Tile/Lam Floors _____

Homeowner Signature and Date