



SPECIFICATION SHEET

DATE

DATE NEEDED

SALESMAN

CONTRACTOR

JOB NAME

CONTR. PHONE#

P.O. #

STORE NAME

PLEASE CHECK ITEMS NEEDED OR TO BE CHANGED

SUBFLOOR

INT. TRIM TYPE

ROOFING

WALL SHEATH

CASING

FELT

ROOF SHEATH

BASE

VENTS

BRIDGING

CROWN

FLASHING

SIDING

ECT.

SHEETROCK

TYVEK®

INT. DOORS

INSULATION

TRIM SPECIES

EXT.DOORS

SKYLIGHTS

SOFFIT

WINDOWS

DECKS

FASCIA&RAKES

PATIO DOORS

PORCH CEILINGS

**** ITEMS NOT CHECKED WILL NOT BE TAKEN OFF****

**** PLEASE NOTE ANY CHANGES BELOW****

ANY QUESTION PLEASE CALL (631) 724-0412 OR E-MAIL johnest1@optimum.net