

SCOPE OF WORK - RESIDENTIAL

Scope of work for (address)	Permit #
•	
NOTE: All applications must have this form filled proposed floor plan. The plans must be legible, din and location of all doors and windows.	
Please list the room type: Bedroom , Bathrooms , I Porch , Screen rooms , or specific location where we construction types listed below. You may specify a alternative method to describe the scope of work to done that is not covered below in the Additional in	work will be performed after each type of areas that will not have changes made as an be done. List any special changes/work to be
Building - Rooms:	
() Re-roof () over existing roof () or () strip to () Replace roof decking or siding on structure () Repair existing deck / porch () Replace existing doors / windows with same siz () Upgrade or change size existing doors / window () Add new door or windows () Remove and replace drywall () Reconfigure existing square footage () Increase of square footage of structure – condit () Increase of square footage of structure – Non-c () Add new deck / porch () Add new shed / storage – no utilities () Add new workshop / living quarters / accessory () Add new screen enclosure () Add new pool / water feature () Change non-conditioned space to habitable con ()	ze and type vs ioned onditioned v space with utilities
Electric - Rooms:	
 () Replace or repair only existing lights/ outlets () Add additional new wiring and outlets/switches () Re-wire entire room () Add CO2 / smoke detectors () Add low voltage wiring – Cable TV / Alarm sy () Service upgrade or relocation () 	

<u>Gas</u> – Rooms:			
() Repair / Replace existing gas appliant () Add new additional gas supply / applia ()			
Plumbing – Rooms:			
() Add irrigation system () Replace plumbing fixtures only, no rel () Relocate existing plumbing fixtures () Add new plumbing fixtures / bathroon () Add plumbing water / waste lines () Repair only existing water / waste line ()	ns		
Mechanical – Rooms:			
() Replace air handler/ air conditioner on () Replace only existing duct system () Add additional duct system / supply of () Add additional air handler / conditioni () Add / Upgrade insulation to existing s () Additional information /Special conditional duct system / supply or () Add additional information /Special conditional duct system / supply or () Add additional air handler / conditional duct system / supply or () Add additional air handler / conditional duct system / supply or () Add additional air handler / conditional duct system / supply or () Add / Upgrade insulation to existing system / supply or () Add / Upgrade insulation / Special conditional duct system / supply or () Additional duct sys	r balancing ing systems tructure		
Form Prepared by:		Date	
Contact Phone #:	Email:		
Building Permits Required () Yes	or () No for:		
Plan Review Required: () Yes	or () No		
Engineered Plans Required () Yes	or () No		
Reviewed by:		Date:	