


SPECIFICATION OF REPAIRS

| | | | |
|--|--|--|--------------------------------|
| Applicant's Name: John Doe | | | |
| Property Address: 1234 E. Some Place, Anywhere, AZ | | | |
| Contact Name: John Doe | | Contact Phone No: 123-456-7890 | |
| HUD Case No.:023-0000000 | FHA Loan No: | Name of HUD Assigned Plan Reviewer: Ralph G. Baca | Telephone No.: 480-706-6222 |
| Contractor's Name: John Doe Interior Designs | | | |
| Address: 1234 E. Wherever Ave., Anywhere, AZ | | | |
| Telephone No.: 555-555-5555 | License No.: ROC 000000 | Estimated Number of Months to Complete Work: 6 months | |
| Date of Final Acceptance: | Signature of HUD Reviewer:  | | |
| Name of HUD Assigned Appraiser: | | Telephone No.: | Date Assigned: |

STEP-BY-STEP PROCEDURE

1. The HUD accepted consultant who prepares this work write-up (or architect, engineer or home inspection service) needs to inspect the property to assume: (1) that there are no rodents, dry rot, termites, and other infestation; (2) that there are no defects that will affect the health and safety of the occupants; (3) the adequacy of the existing structural , heating, plumbing, electrical, and roof ing systems, and (4) the upgrading of thermal protection (where necessary). The inspection report will be attached to this document.
2. Complete each item below as necessary by either filling in the information on the work to be performed with a brief explanation, or entering "NONE" in the "SUB-TOTAL" portion if no work is being performed in that particular sub-section.
3. The proposed work, and the materials used, should be explained in detail to assure a complete understanding of the required work by the contractor and the HUD authorized fee inspector. For major items (I.e. kitchen cabinets, appliances, heating & air conditioning, etc.) the description of the item should include the make and model number (manufacturer's brochure can be attached).
4. Attached a copy of any proposals from all contracotrs and/ or sub-contractors.
5. Provide other drawings as necessary to assure a complete understanding of the required work by the contractor and the HUD authorized fee inspector. The following architectural exhibits are required:
 - a) A plot plan of the site is required only if a new addition is being made to the existing structure. Show the location of the structure (s), walks, drives, streets, and other relevant detail. Include finished grade elevations at the property corners and building corners to assure proper drainage of water on the site. Show the required flood elevation.
 - b) Propesed interior plan of the dwelling. Show where structural or planning changes are contemplated, including any addition to the dwelling.
 - c) Provide kitchen caibnet elevations, deck drawings, and other exhibits necessary to properly describe the required work. Architectural exhibits for a new addition are the same as for a newly constructed home.
6. Cost estimates must include labor and materials sufficient to complete the work by the contractor.
7. A homebuyer who would like to do any of the work must submit a letter to the lender stating his/ her qualification to perform the wrok in a timely and workmanlike manner. If approved by the lender, the homebuyer cannot eliminate the cost estimate for labor because if the homebuyer cannot complete the work there must be sufficient money in the escrow account to get a subcontractor to do the work.
8. If this is a purchase transaction and not a refinance, then attach a sales contract (the loan should be contingent upon obtaining FHA 203(k) financing).
9. Transfer costs shown on the last page to the Draw Request (HUD9746 -A, VMP-436).
10. Meaning of Abbreviations: Linear Feet = LF Each = EA Square Foot = SF Lump Sum = LS
Square Yard = SY * = Required Item

1. MASONRY

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|-------------------------------------|----------------|---------|------|-------------------------|--------------------------|-----------------|
| No work required | SF | | | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 4: _____ |
| | EA | | | \$0.00 | <input type="checkbox"/> | Draw 5: _____ |
| This portion of work to be done by: | | | | | | |
| <input type="checkbox"/> | Owner | | | | | |
| <input type="checkbox"/> | Contractor | | | | | |
| <input type="checkbox"/> | Sub-Contractor | | | | | |
| | | | | SUB-TOTAL SECTION No. 1 | | |
| | | | | \$0.00 | | |

Cost estimate attached Yes No
 Photo Furnished Yes No
 Drawing Attached Yes No

Describe the work to be done and itemize materials to be used: _____

2. SIDING

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|-------------------------------------|----------------|---------|------|-------------------------|--------------------------|-----------------|
| No work required | SF | \$0.00 | 0 | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | | | | | <input type="checkbox"/> | Draw 4: _____ |
| | | | | | <input type="checkbox"/> | Draw 5: _____ |
| This portion of work to be done by: | | | | | | |
| <input type="checkbox"/> | Owner | | | | | |
| <input type="checkbox"/> | Contractor | | | | | |
| <input type="checkbox"/> | Sub-Contractor | | | | | |
| | | | | SUB-TOTAL SECTION No. 2 | | |
| | | | | \$0.00 | | |

Cost estimate attached Yes No
 Photo Furnished Yes No
 Drawing Attached Yes No

Describe the work to be done and itemize materials to be used: _____

3. GUTTERS & DOWNSPOUTS

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|-------------------|------|---------|------|--------|--------------------------|-----------------|
| No work required. | LF | | | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | LS | | | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | | | | | <input type="checkbox"/> | Draw 4: _____ |

This portion of work to be done by:

Owner
 Contractor
 Sub-Contractor

Draw 5: _____

SUB-TOTAL SECTION No. 3
\$0.00

Cost estimate attached Yes No
 Photo Furnished Yes No
 Drawing Attached Yes No

Describe the work to be done and itemize materials to be used: _____

4. ROOF

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|---------------------------------------|------|---------|------|--------|--------------------------|-----------------|
| 1. Re-position & secure slipped tiles | EA | \$0.00 | 1 | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | LF | \$0.00 | | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | SF | | 1 | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | QTY | | | \$0.00 | <input type="checkbox"/> | Draw 4: _____ |
| | | | | | <input type="checkbox"/> | Draw 5: _____ |

This portion of work to be done by:

Owner
 Contractor
 Sub-Contractor

SUB-TOTAL SECTION No. 4
\$0.00

Cost estimate attached Yes No
 Photo Furnished Yes No
 Drawing Attached Yes No

Describe the work to be done and itemize materials to be used: _____
 1. Re-position & secured slipped tiles on front roof slope. Secure per manufacturer's installation instructions. Inspect entire roof for similarly slipped tiles and repair as required.

5. SHUTTERS

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|-------------------|------|---------|------|--------|--------------------------|-----------------|
| No work required. | Pair | | | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | | | | | <input type="checkbox"/> | Draw 4: _____ |
| | | | | | <input type="checkbox"/> | Draw 5: _____ |

This portion of work to be done by:

Owner
 Contractor
 Sub-Contractor

SUB-TOTAL SECTION No. 5
\$0.00

Cost estimate attached Yes No
 Photo Furnished Yes No

Drawing Attached Yes No

Describe the work to be done and itemize materials to be used: _____

6. EXTERIOR

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|-------------------|------|---------|------|--------|--------------------------|-----------------|
| No work required. | SF | \$0.00 | | \$0.00 | <input type="checkbox"/> | |
| | SF | \$0.00 | | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | LF | | | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | | | | | <input type="checkbox"/> | Draw 4: _____ |
| | | | | | <input type="checkbox"/> | Draw 5: _____ |

This portion of work to be done by:

Owner
 Contractor
 Sub-Contractor

SUB-TOTAL SECTION No. 6
 \$0.00

Cost estimate attached Yes No
 Photo Furnished Yes No
 Drawing Attached Yes No

Describe the work to be done and itemize materials to be used: _____

7. WALKS

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|-------------------|------|---------|------|--------|--------------------------|-----------------|
| No work required. | SF | | | \$0.00 | <input type="checkbox"/> | |
| | LF | | | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | | | | | <input type="checkbox"/> | Draw 3: _____ |
| | | | | | <input type="checkbox"/> | Draw 4: _____ |
| | | | | | <input type="checkbox"/> | Draw 5: _____ |

This portion of work to be done by:

Owner
 Contractor
 Sub-Contractor

SUB-TOTAL SECTION No. 7
 \$0.00

Cost estimate attached Yes No
 Photo Furnished Yes No
 Drawing Attached Yes No

Describe the work to be done and itemize materials to be used: _____

8. DRIVEWAYS

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|--|------|---------|------|-------------------------|--------------------------|-----------------|
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | | | | | <input type="checkbox"/> | Draw 4: _____ |
| | | | | | <input type="checkbox"/> | Draw 5: _____ |
| | | | | SUB-TOTAL SECTION No. 8 | | |
| | | | | \$0.00 | | |

This portion of work to be done by:

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Owner |
| <input type="checkbox"/> | Contractor |
| <input type="checkbox"/> | Sub-Contractor |

| | | | | |
|------------------------|--------------------------|-----|--------------------------|----|
| Cost estimate attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Photo Furnished | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Drawing Attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Describe the work to be done and itemize materials to be used: _____

9. PAINTING (exterior)

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|-------------------|------|---------|------|-------------------------|--------------------------|-----------------|
| No work required. | SF | \$0.00 | | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | | | | | <input type="checkbox"/> | Draw 4: _____ |
| | | | | | <input type="checkbox"/> | Draw 5: _____ |
| | | | | SUB-TOTAL SECTION No. 9 | | |
| | | | | \$0.00 | | |

This portion of work to be done by:

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Owner |
| <input type="checkbox"/> | Contractor |
| <input type="checkbox"/> | Sub-Contractor |

| | | | | |
|------------------------|--------------------------|-----|--------------------------|----|
| Cost estimate attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Photo Furnished | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Drawing Attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Describe the work to be done and itemize materials to be used: _____

10. CAULKING

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|--|------|---------|------|--------|--------------------------|-----------------|
| | EA | | | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | | | | | <input type="checkbox"/> | Draw 4: _____ |
| | | | | | <input type="checkbox"/> | Draw 5: _____ |

This portion of work to be done by:

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Owner |
| <input type="checkbox"/> | Contractor |
| <input type="checkbox"/> | Sub-Contractor |

SUB-TOTAL SECTION No. 10
\$0.00

| | | | | |
|------------------------|--------------------------|-----|--------------------------|----|
| Cost estimate attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Photo Furnished | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Drawing Attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Describe the work to be done and itemize materials to be used: _____

11. FENCING

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|-------------------|------|---------|------|--------|--------------------------|-----------------|
| No work required. | LS | | | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | LS | | | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | EA | 0 | 0 | \$0.00 | <input type="checkbox"/> | Draw 4: _____ |
| | | | | | <input type="checkbox"/> | Draw 5: _____ |

This portion of work to be done by:

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Owner |
| <input type="checkbox"/> | Contractor |
| <input type="checkbox"/> | Sub-Contractor |

SUB-TOTAL SECTION No. 11
\$0.00

| | | | | |
|------------------------|--------------------------|-----|--------------------------|----|
| Cost estimate attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Photo Furnished | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Drawing Attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Describe the work to be done and itemize materials to be used: _____

12. GRADING

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|-------------------|------|---------|------|--------|--------------------------|-----------------|
| No work required. | SF | \$0.00 | | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | | | | | <input type="checkbox"/> | Draw 4: _____ |
| | | | | | <input type="checkbox"/> | Draw 5: _____ |

This portion of work to be done by:

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Owner |
| <input type="checkbox"/> | Contractor |
| <input type="checkbox"/> | Sub-Contractor |

SUB-TOTAL SECTION No. 12
\$0.00

| | | | | |
|------------------------|--------------------------|-----|--------------------------|----|
| Cost estimate attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Photo Furnished | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Drawing Attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Describe the work to be done and itemize materials to be used: _____

13. WINDOWS

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|-------------------|------|---------|------|--------|--------------------------|-----------------|
| No work required. | EA | | | \$0.00 | <input type="checkbox"/> | |
| | EA | | | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | EA | | | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | EA | | | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | EA | | | \$0.00 | <input type="checkbox"/> | Draw 4: _____ |
| | EA | | | \$0.00 | <input type="checkbox"/> | Draw 5: _____ |

This portion of work to be done by:

Owner
 Contractor
 Sub-Contractor

SUB-TOTAL SECTION No. 13
 \$0.00

Cost estimate attached Yes No
 Photo Furnished Yes No
 Drawing Attached Yes No

Describe the work to be done and itemize materials to be used: _____

14. WEATHERSTRIPPING

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|-------------------|------|---------|------|--------|--------------------------|-----------------|
| No work required. | SF | \$0.00 | | \$0.00 | <input type="checkbox"/> | |
| | SF | \$0.00 | | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | | | | | <input type="checkbox"/> | Draw 3: _____ |
| | | | | | <input type="checkbox"/> | Draw 4: _____ |
| | | | | | <input type="checkbox"/> | Draw 5: _____ |

This portion of work to be done by:

Owner
 Contractor
 Sub-Contractor

SUB-TOTAL SECTION No. 14
 \$0.00

Cost estimate attached Yes No
 Photo Furnished Yes No
 Drawing Attached Yes No

Describe the work to be done and itemize materials to be used: _____

15. DOORS (exterior)

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|------------------------------|------|---------|------|--------|--------------------------|-----------------|
| 1. Replace damaged fire door | EA | \$0.00 | 1 | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| 2. Paint and replace molding | EA | \$0.00 | 1 | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| 3. Paint front entry door | EA | \$0.00 | 1 | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | EA | \$0.00 | 0 | \$0.00 | <input type="checkbox"/> | Draw 4: _____ |
| | | | | | <input type="checkbox"/> | Draw 5: _____ |

This portion of work to be done by:

| | |
|-------------------------------------|----------------|
| <input type="checkbox"/> | Owner |
| <input checked="" type="checkbox"/> | Contractor |
| <input type="checkbox"/> | Sub-Contractor |

SUB-TOTAL SECTION No. 15
\$0.00

| | | | | |
|------------------------|-------------------------------------|-----|-------------------------------------|----|
| Cost estimate attached | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Photo Furnished | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| Drawing Attached | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |

Describe the work to be done and itemize materials to be used:

1. Remove & replace excessively damaged fire door from interior laundry room to exterior garage. Door to garage to be typical fire-rated 1 3/4 inch thick & solid wood with self-closing hinges door for fire safety. Use existing lockset & handle. Prime with KILZ or similar brand primer & paint to match existing exterior doors with exterior paint BEHR premium plus or similar with color per client.
2. Remove & replace damaged wood trim around garage exterior door interior side to rear yard area. Caulk, prime and paint to match existing wood trim. Prime with KILZ or similar brand primer & paint to match existing exterior doors with exterior paint BEHR premium plus or similar with color per client
3. Sand removing all loose paint, prime and paint front entry door both sides using good quality exterior paint, color & finish per client. Prime with KILZ or similar brand primer & paint to match existing exterior doors with exterior paint BEHR premium plus or similar with color per client

16. DOORS (interior)

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|--------------------------|------|---------|------|--------|--------------------------|-----------------|
| 1. Replace damaged doors | EA | \$0.00 | 4 | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | EA | \$0.00 | 0 | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | EA | | | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | EA | | | \$0.00 | <input type="checkbox"/> | Draw 4: _____ |
| | EA | | | | <input type="checkbox"/> | Draw 5: _____ |

SUB-TOTAL SECTION No. 16
\$0.00

This portion of work to be done by:

| | |
|-------------------------------------|----------------|
| <input type="checkbox"/> | Owner |
| <input checked="" type="checkbox"/> | Contractor |
| <input type="checkbox"/> | Sub-Contractor |

| | | | | |
|------------------------|-------------------------------------|-----|-------------------------------------|----|
| Cost estimate attached | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Photo Furnished | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| Drawing Attached | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |

Describe the work to be done and itemize materials to be used:

1. Remove and replace damaged interior doors at MBR entry, upper level family room (only one side of existing double door) and two upper level east bedrooms. Doors are hollow-core panel & hinged doors 30-inches wide. Use existing handles. Prime and paint to match existing doors using standard quality interior paint. Prime with KILZ or similar brand primer & paint to match existing exterior doors with interior paint BEHR premium plus or

17. PARTITION WALL

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|---|------|---------|--------|--------|--------------------------|-----------------|
| 1. Remove upper section of dividing wall in kitchen | SF | \$0.00 | 50 | \$0.00 | <input type="checkbox"/> | |
| 2. Raise fireplace and center | EA | \$0.00 | 1 | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| 3. Add drywall in MBR two walls | SF | \$0.00 | 66.667 | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| 4. Remove shelves in pantry. | SF | \$0.00 | 50 | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | Sf | \$0.00 | 0 | \$0.00 | <input type="checkbox"/> | Draw 4: _____ |
| | | | | | <input type="checkbox"/> | Draw 5: _____ |

This portion of work to be done by:

| | |
|-------------------------------------|----------------|
| <input type="checkbox"/> | Owner |
| <input checked="" type="checkbox"/> | Contractor |
| <input type="checkbox"/> | Sub-Contractor |

SUB-TOTAL SECTION No. 17
\$0.00

Cost estimate attached Yes No
 Photo Furnished Yes No
 Drawing Attached Yes No

Describe the work to be done and itemize materials to be used:

1. Remove upper approximate 2/3 section of wall separating family room & kitchen. Prep top of remaining wall for counter top.
2. Raise existing fireplace up off ground approximately twelve to twenty-four inches and re-insatll per manufacturer's and building standard requirements, centering on south family room wall.
3. Install drywall over existing and texture as required to prep for paint, east and west walls of master bedroom where mismatched texturing has been applied.
4. Remove existing shelves in pantry area, patch & texture to match, i.e. prep for painting.

18. PLASTER/ DRYWALL

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|----------------------------------|------|---------|------|--------|--------------------------|-----------------|
| 1. Repair garage ceiling drywall | LS | \$0.00 | 50 | \$0.00 | <input type="checkbox"/> | |
| | Sf | \$0.00 | 0 | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | | | | | <input type="checkbox"/> | Draw 3: _____ |
| | | | | | <input type="checkbox"/> | Draw 4: _____ |
| | | | | | <input type="checkbox"/> | Draw 5: _____ |

This portion of work to be done by:

| | |
|-------------------------------------|----------------|
| <input type="checkbox"/> | Owner |
| <input checked="" type="checkbox"/> | Contractor |
| <input type="checkbox"/> | Sub-Contractor |

SUB-TOTAL SECTION No. 18
\$0.00

Cost estimate attached Yes No
 Photo Furnished Yes No
 Drawing Attached Yes No

Describe the work to be done and itemize materials to be used:

1. Repair damaged garage ceiling drywall approximately 50 square feet. Texture to match existing and prep for paint.

19. PAINTING (Interior)

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|--------------------------|------|---------|------|--------|--------------------------|-----------------|
| No work required. | LS | \$0.00 | 0 | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | | | | | <input type="checkbox"/> | Draw 4: _____ |
| | | | | | <input type="checkbox"/> | Draw 5: _____ |
| SUB-TOTAL SECTION No. 19 | | | | \$0.00 | | |

This portion of work to be done by:

Owner
 Contractor
 Sub-Contractor

Cost estimate attached Yes No
 Photo Furnished Yes No
 Drawing Attached Yes No

Describe the work to be done and itemize materials to be used: _____

20. WOOD TRIM

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|--------------------------|------|---------|------|--------|--------------------------|-----------------|
| No work required. | LF | \$0.00 | 0 | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | EA | | | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | LF | \$0.00 | 0 | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | SF | | | | <input type="checkbox"/> | Draw 4: _____ |
| | | | | | <input type="checkbox"/> | Draw 5: _____ |
| SUB-TOTAL SECTION No. 20 | | | | \$0.00 | | |

This portion of work to be done by:

Owner
 Contractor
 Sub-Contractor

Cost estimate attached Yes No
 Photo Furnished Yes No
 Drawing Attached Yes No

Describe the work to be done and itemize materials to be used: _____

21. STAIRS

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|-------------------|------|---------|------|--------|--------------------------|-----------------|
| No work required. | LF | | | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | LF | | | \$0.00 | <input type="checkbox"/> | |

| | | | | |
|----|--------|--------------------------|---------|-------|
| LF | \$0.00 | <input type="checkbox"/> | Draw 2: | _____ |
| LF | | <input type="checkbox"/> | Draw 3: | _____ |
| LF | | <input type="checkbox"/> | Draw 4: | _____ |
| LF | | <input type="checkbox"/> | Draw 5: | _____ |

This portion of work to be done by:

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Owner |
| <input type="checkbox"/> | Contractor |
| <input type="checkbox"/> | Sub-Contractor |

SUB-TOTAL SECTION No. 21
\$0.00

| | | | | |
|------------------------|--------------------------|-----|--------------------------|----|
| Cost estimate attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Photo Furnished | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Drawing Attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Describe the work to be done and itemize materials to be used: _____

22. CLOSETS

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|----|------|---------|------|--------|--------------------------|-----------------|
| LF | | | | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| LF | | | | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| SF | | | | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | | | | | <input type="checkbox"/> | Draw 4: _____ |
| | | | | | <input type="checkbox"/> | Draw 5: _____ |

This portion of work to be done by:

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Owner |
| <input type="checkbox"/> | Contractor |
| <input type="checkbox"/> | Sub-Contractor |

SUB-TOTAL SECTION No. 22
\$0.00

| | | | | |
|------------------------|--------------------------|-----|--------------------------|----|
| Cost estimate attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Photo Furnished | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Drawing Attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Describe the work to be done and itemize materials to be used: _____

23. WOOD FLOORS

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|--------------------------------|------|---------|------|--------|--------------------------|-----------------|
| 1. Install new hardwood floors | SF | \$0.00 | 465 | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | SF | \$0.00 | 0 | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | | | | | <input type="checkbox"/> | Draw 4: _____ |
| | | | | | <input type="checkbox"/> | Draw 5: _____ |

This portion of work to be done by:

| | |
|-------------------------------------|------------|
| <input type="checkbox"/> | Owner |
| <input checked="" type="checkbox"/> | Contractor |

SUB-TOTAL SECTION No. 23

Sub-Contractor \$0.00

Cost estimate attached Yes No
 Photo Furnished Yes No
 Drawing Attached Yes No

Describe the work to be done and itemize materials to be used:

1. Remove existing flooring in upper level loft and steps. Replace with hardwood flooring of good quality material along with matching thresholds at entry doors and bull nose steps. Material to be Artisan Profile Maple wood PF9300 Natural-21 and per contractor quote, approximately 465 square feet.

24. FINISH FLOORS

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|---|------|---------|------|--------|--------------------------|-----------------|
| 1. Remove and replace existing carpeting and pad. | SY | | 190 | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | SY | | | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | SY | | | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | SY | 0 | 0 | \$0.00 | <input type="checkbox"/> | Draw 4: _____ |
| | SY | | | \$0.00 | <input type="checkbox"/> | Draw 5: _____ |

This portion of work to be done by:

Owner
 Contractor
 Sub-Contractor

SUB-TOTAL SECTION No. 24
 \$0.00

Cost estimate attached Yes No
 Photo Furnished Yes No
 Drawing Attached Yes No

Describe the work to be done and itemize materials to be used:

1. Install carpet & pad in master bedroom, upper level BR1 & BR2 and downstairs living room. Include closet areas in bedrooms. Remove & dispose of existing carpet. Use 1/2 inch and 7 lb highflite pad with Marinez Harbor Mist carpeting material & Olive Branch color per contractor quote.

25. CERAMIC TILE

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|-------------------|------|---------|------|--------|--------------------------|-----------------|
| No work required. | SF | | | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | SF | \$0.00 | 0 | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | SF | | | | <input type="checkbox"/> | Draw 4: _____ |
| | SF | | | | <input type="checkbox"/> | Draw 5: _____ |

SUB-TOTAL SECTION No. 25
 \$0.00

This portion of work to be done by:

Owner
 Contractor
 Sub-Contractor

Cost estimate attached Yes No
 Photo Furnished Yes No
 Drawing Attached Yes No

Describe the work to be done and itemize materials to be used: _____

26. BATH ACCESSORIES

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|---------------------|------|---------|------|--------|--------------------------|-----------------|
| 1. Seal counter top | EA | \$0.00 | 1 | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | EA | \$0.00 | 0 | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | QTY | | | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | QTY | \$0.00 | | \$0.00 | <input type="checkbox"/> | Draw 4: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 5: _____ |

This portion of work to be done by:

Owner
 Contractor
 Sub-Contractor

SUB-TOTAL SECTION No. 26
 \$0.00

Cost estimate attached Yes No
 Photo Furnished Yes No
 Drawing Attached Yes No

Describe the work to be done and itemize materials to be used: _____
 1. Repair & seal missing/ or deteriorated sealant around perimeter of counter top in upper level hallway bathroom. Prime and paint as required matching existing surface, using good quality paint.

27. PLUMBING

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|--|------|---------|------|--------|--------------------------|-----------------|
| 1. Install new kitchen sink. | QTY | \$0.00 | 1 | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| 2. Replace kitchen faucet | QTY | \$0.00 | 1 | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| 3. Replace defective toilets in three bathrooms. | QTY | \$0.00 | 3 | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| 4. Install new sink with tub in laundry room. | QTY | \$0.00 | 1 | \$0.00 | <input type="checkbox"/> | Draw 4: _____ |
| | QTY | \$0.00 | 0 | \$0.00 | <input type="checkbox"/> | Draw 5: _____ |
| | QTY | \$0.00 | | \$0.00 | <input type="checkbox"/> | |
| | SF | | | \$0.00 | | |
| | SF | \$0.00 | | \$0.00 | | |
| | SF | | | \$0.00 | | |

This portion of work to be done by:
 Owner

SUB-TOTAL SECTION No. 27
 \$0.0

Contractor
 Sub-Contractor

Cost estimate attached Yes No
 Photo Furnished Yes No
 Drawing Attached Yes No

Describe the work to be done and itemize materials to be used:

1. Remove & replace kitchen sink with stainless steel below counter, minimum 18 gage Kohler 2-bowl M/N 3283-4-NA or similar in design and cost.
2. Remove & replace existing faucet with stainless steel design, Moen stainless steel with pulldown M/N 87003C SL or similar in design and cost.
3. Remove and replace damaged toilets in three bathrooms. Toilets to be Glacier Bay 1.28 GPF HET AIO Elongated White M/N 331-725 or similar in design & cost.
4. Install plastic tub sink and metal faucet in laundry room at existing plumbing stub outs. Faucet to be Delta Chrome handle laundry tub faucet M/N 2123 or similar in design and cost.

28. ELECTRICAL

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|--|------|---------|------|--------|--------------------------|-----------------|
| 1. Install new ceiling fans with light | EA | \$0.00 | 10 | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| 2. *Smoke detectors(s) | EA | \$0.00 | 5 | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | EA | \$0.00 | 0 | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | EA | \$0.00 | 0 | \$0.00 | <input type="checkbox"/> | Draw 4: _____ |
| | EA | \$0.00 | 0 | \$0.00 | <input type="checkbox"/> | Draw 5: _____ |
| | HR | \$0.00 | 0 | \$0.00 | <input type="checkbox"/> | |
| | EA | \$0.00 | 0 | \$0.00 | | |
| | EA | \$0.00 | 0 | \$0.00 | | |
| | EA | \$0.00 | 0 | \$0.00 | | |

This portion of work to be done by:

Owner
 Contractor
 Sub-Contractor

SUB-TOTAL SECTION No. 28
 \$0.00

Cost estimate attached Yes No
 Photo Furnished Yes No
 Drawing Attached Yes No

Describe the work to be done and itemize materials to be used:

1. Install new five blade ceiling fans with light fixtures in family room (2), LR, dining room, upper loft, and four bedrooms, Hampton Bay 54 inch five blade M/N 04913 or similar in cost & design.
2. Install smoke alarms in bedrooms and upper level hallway where missing, to match existing and hardwire into electrical system.

29. HEATING/ OR COOLING

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|---|------|---------|------|--------|--------------------------|-----------------|
| Install new HVAC compressor/condenser systems | EA | \$0.00 | 2 | \$0.00 | <input type="checkbox"/> | |

| | | | | |
|----|--------|--------------------------|---------|-------|
| LF | \$0.00 | <input type="checkbox"/> | Draw 1: | _____ |
| EA | \$0.00 | <input type="checkbox"/> | Draw 2: | _____ |
| EA | | <input type="checkbox"/> | Draw 3: | _____ |
| LS | | <input type="checkbox"/> | Draw 4: | _____ |
| EA | | <input type="checkbox"/> | Draw 5: | _____ |

This portion of work to be done by:

| | |
|-------------------------------------|----------------|
| <input type="checkbox"/> | Owner |
| <input checked="" type="checkbox"/> | Contractor |
| <input type="checkbox"/> | Sub-Contractor |

SUB-TOTAL SECTION No. 29
\$0.00

| | | | | |
|------------------------|-------------------------------------|-----|-------------------------------------|----|
| Cost estimate attached | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Photo Furnished | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| Drawing Attached | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |

Describe the work to be done and itemize materials to be used: Replace two compressor/ condenser systems
 1. Replace two compressor/ condenser systems at exterior with new 13SEER Carrier units to match and be compatible with existing air handlers in attic area. Existing units eight years old, Carrier brand and approximately four and five tons in size. HVAC contractor to do load calcs as required to size units.

30. INSULATION

| | Unit | \$ Cost | Qty. | Total | Enter % of Draw |
|---|------|---------|------|--------|--------------------------|
| No work required. Existing insulation on average at R-30 rating | SF | | | \$0.00 | Check as appropriate |
| | SF | \$0.00 | | \$0.00 | <input type="checkbox"/> |
| | SF | | | \$0.00 | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |

This portion of work to be done by:

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Owner |
| <input type="checkbox"/> | Contractor |
| <input type="checkbox"/> | Sub-Contractor |

SUB-TOTAL SECTION No. 30
\$0.00

| | | | | |
|------------------------|--------------------------|-----|--------------------------|----|
| Cost estimate attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Photo Furnished | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Drawing Attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Describe the work to be done and itemize materials to be used: _____

31. CABINETRY

| | Unit | \$ Cost | Qty. | Total | Enter % of Draw |
|-----------------------|------|---------|------|--------|--------------------------|
| 1. Base cabinets | LF | \$0.00 | 40 | \$0.00 | Check as appropriate |
| 2. Kitchen countertop | SF | \$0.00 | 40 | \$0.00 | <input type="checkbox"/> |
| 3. Wall cabinets | LF | \$0.00 | 30 | \$0.00 | <input type="checkbox"/> |
| 4. Cabinet Hardware | EA | \$0.00 | 20 | \$0.00 | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |

LS

\$0.00

Draw 4: _____

Draw 5: _____

This portion of work to be done by:

Owner
 Contractor
 Sub-Contractor

SUB-TOTAL SECTION No. 31

\$0.00

Cost estimate attached

Yes

No

Photo Furnished

Yes

No

Drawing Attached

Yes

No

Describe the work to be done and itemize materials to be used:

1. and 3. Install base & wall cabinets in kitchen & laundry areas to replace missing cabinets. Use standard quality cabinets and location per contractors quote. Approximately 40 LF base cabinets, 30 LF wall cabinets.
2. Install formica kitchen counter tops per contractor's quote design number 3517-56 sand crystal with square edge material or similar in cost and quality.
4. Install cabinet hardware for doors, i.e. handles consistent with cabinet design and contractor quote.

32. APPLIANCES

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|--|------|---------|------|--------|--------------------------|-----------------|
| 1. Cooktop & microwave with Exhaust Hood | EA | \$0.00 | 1 | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| 2. Refrigerator | EA | \$0.00 | 1 | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| 3. Dishwasher | EA | \$0.00 | 1 | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| 4. Disposal | EA | \$0.00 | 1 | \$0.00 | <input type="checkbox"/> | Draw 4: _____ |
| 5. Oven with Warming Drawer Installation | EA | \$0.00 | 0 | \$0.00 | <input type="checkbox"/> | Draw 5: _____ |

This portion of work to be done by:

Owner
 Contractor
 Sub-Contractor

SUB-TOTAL SECTION No. 32

\$0.00

Cost estimate attached

Yes

No

Photo Furnished

Yes

No

Drawing Attached

Yes

No

Describe the work to be done and itemize materials to be used:

1. Install cooktop and microwave with exhaust hood Jenn-Air M/N's JGCP 648ADP, JXT9648CDP & , JMV9169BAC.disposal, dishwasher, range and warming drawer with Jenn-Air stainless steel appliances per
2. Install refrigerator Jenn Air Pro French Door Fridge M/N JF12589AEP
3. Install dishwasher Jenn Air M/N JWD7130 DPP
4. Install garbage disposal after new sink is installed. Use standard quality 1/2 or 3/4 hp garbage disposal.
5. Install oven with warming drawer Jenn Air M/N's JJW9880DDP & JWD7030CBX

33. BASEMENTS/ OR FOUNDATION

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|-------------------------------|------|---------|------|--------|--------------------------|-----------------|
| 1. Termite treatment required | EA | \$0.00 | 1 | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | LS | | | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | EA | | | | <input type="checkbox"/> | Draw 4: _____ |
| | EA | | | | <input type="checkbox"/> | Draw 5: _____ |
| | LS | | | | <input type="checkbox"/> | |

SUB-TOTAL SECTION No. 33

\$0.00

This portion of work to be done by:

| | |
|-------------------------------------|----------------|
| <input type="checkbox"/> | Owner |
| <input checked="" type="checkbox"/> | Contractor |
| <input type="checkbox"/> | Sub-Contractor |

| | | | | |
|------------------------|-------------------------------------|-----|-------------------------------------|----|
| Cost estimate attached | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Photo Furnished | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| Drawing Attached | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |

Describe the work to be done and itemize materials to be used:

1. Subterranean termites found at various locations around home on foundation walls, inside home and in the garage (exact locations outlined in termite report). Treatment required per contractor's quote prior to occupancy.

34. CLEANUP

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|---|------|---------|------|--------|--------------------------|-----------------|
| 1. Remove debris from property exterior | SF | \$0.00 | 1 | \$0.00 | <input type="checkbox"/> | |
| 2. Remove debris from property interior | SF | \$0.00 | 1 | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| | SF | | | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | SF | | | | <input type="checkbox"/> | Draw 3: _____ |
| | | | | | <input type="checkbox"/> | Draw 4: _____ |
| | | | | | <input type="checkbox"/> | Draw 5: _____ |

This portion of work to be done by:

| | |
|-------------------------------------|----------------|
| <input type="checkbox"/> | Owner |
| <input checked="" type="checkbox"/> | Contractor |
| <input type="checkbox"/> | Sub-Contractor |

SUB-TOTAL SECTION No. 34

\$0.00

| | | | | |
|------------------------|-------------------------------------|-----|-------------------------------------|----|
| Cost estimate attached | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Photo Furnished | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| Drawing Attached | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |

Describe the work to be done and itemize materials to be used:

1. Trash bin rental, general clean up at four weeks plus demo exterior wall, kitchen counter top, carpeting & kitchen ceiling lights. No trash to remain on exterior of property at end of each day.

35. MISCELLANEOUS

| | Unit | \$ Cost | Qty. | Total | Check as appropriate | Enter % of Draw |
|---------------------------------------|------|---------|-------|--------|--------------------------|-----------------|
| 1. Taxes | SF | \$0.00 | 0 | \$0.00 | <input type="checkbox"/> | |
| General Contractor Overhead & Profit | EA | \$0.00 | 0.054 | \$0.00 | <input type="checkbox"/> | Draw 1: _____ |
| Detail punch and material procurement | EA | | 0.1 | \$0.00 | <input type="checkbox"/> | Draw 2: _____ |
| | EA | \$0.00 | 0 | \$0.00 | <input type="checkbox"/> | Draw 3: _____ |
| | | | | | <input type="checkbox"/> | Draw 4: _____ |
| | | | | | <input type="checkbox"/> | Draw 5: _____ |

This portion of work to be done by:

| | |
|-------------------------------------|------------|
| <input type="checkbox"/> | Owner |
| <input checked="" type="checkbox"/> | Contractor |

SUB-TOTAL SECTION No. 35

Sub-Contractor \$0.00

Cost estimate attached Yes No
 Photo Furnished Yes No
 Drawing Attached Yes No

Describe the work to be done and itemize materials to be used: _____
 1. Taxes roughed out at 5.395% of total costs per standards. General contractor overhead and profit use 10% and included in cost estimates within systems. _____


Recap of Sub-Totals

| | |
|---|---------------|
| 1.0 Masonry | \$0.00 |
| 2.0 Siding | \$0.00 |
| 3.0 Gutters & Downspouts | \$0.00 |
| 4.0 Roof | \$0.00 |
| 5.0 Shutters | \$0.00 |
| 6.0 Exterior | \$0.00 |
| 7.0 Walks | \$0.00 |
| 8.0 Driveways | \$0.00 |
| 9.0 Painting (Exterior) | \$0.00 |
| 10.0 Caulking | \$0.00 |
| 11.0 Fencing | \$0.00 |
| 12.0 Grading | \$0.00 |
| 13.0 Windows | \$0.00 |
| 14.0 Weatherstripping | \$0.00 |
| 15.0 Doors (exterior) | \$0.00 |
| 16.0 Doors (interior) | \$0.00 |
| 17.0 Partition Wall | \$0.00 |
| 18.0 Plaster/ Drywall | \$0.00 |
| 19.0 Decorating | \$0.00 |
| 20.0 Wood Trim | \$0.00 |
| 21.0 Stairs | \$0.00 |
| 22.0 Closets | \$0.00 |
| 23.0 Wood Floors | \$0.00 |
| 24.0 Finish Floors | \$0.00 |
| 25.0 Ceramic Tile | \$0.00 |
| 26.0 Bath Accessories | \$0.00 |
| 27.0 Plumbing | \$0.00 |
| 28.0 Electrical | \$0.00 |
| 29.0 Heating | \$0.00 |
| 30.0 Insulation | \$0.00 |
| 31.0 Cabinetry | \$0.00 |
| 32.0 Appliances | \$0.00 |
| 33.0 Basements | \$0.00 |
| 34.0 Cleanup (Exterior & Interior) | \$0.00 |
| 35.0 Miscellaneous (OP/ Tax/ Procurement) | \$0.00 |
| 36.0 TOTAL COST OF REPAIRS | \$0.00 |

Allowable Fees

The following Allowable Fees are requested on the 203(k) Maximum Mortgage Worksheet, (form HUD92700):

Contingency Reserve: 10% \$
 Number of Inspections requested: 5 Five draws at \$ per draw = \$
 Architectural and Engineering Fee:
 Independent Consultant Fee: \$ Paid \$ up front, remainder \$ due upon close of escrow.
 Plan Review Fee (where applicable):
 Permits Electrical, Plumbing,
 HVAC fees: \$0

| Borrower(s) Signature(s) | Date | Contractor's signature (where applicable) | Date |
|---|-----------|---|----------------------------|
|  | | | |
| Consultant & Plan Reviewer's Signature | S0506 | | Owing \$ |
| | CHUMS ID# | Date | Bill for Services Rendered |