

OUTLINE SPECIFICATIONS FOR RESIDENTIAL CONSTRUCTION

| | | | |
|---------------------------|--|-----------------------|--|
| Applicant: | | Loan Number: | |
| Co-Applicant: | | | |
| Applicant Address: | | County | |
| <i>City, State, Zip</i> | | | |
| Property Location: | | Parcel Number: | |
| <i>City, State, Zip</i> | | | |
| Phone Number: | | | |

Instructions: Describe all materials and equipment to be used. Show extent of work and typical details on drawings. Attach additional sheets if necessary to completely describe the work. The Cost Estimate will recognize quality products and materials in excess of acceptable minimums, when specified.

Please mark the when making your selections:

1. Subject Property Specifications:

Total Square Footage: _____
Living Square Footage: _____
Unfinished Square Footage: _____

Finished Basement: Yes No

Subject Property Lot Size Dimensions:

2. Site Work:

Type of Soil:

Demolition on property needed: Yes: If yes please explain the scope of the demolition.
 No:

Storm Drainage: Yes: If yes please explain to what extent.
 No:

Site Preparation: Clearing
 Grubbing
 Rough grading

Driveway: Stone
 Asphalt
 Concrete (If yes answer question in sections 4 Concrete)
 Other

3. Footer:

- Concrete Footer PSI: _____
- Stone Footer Thickness: _____

4. Foundation:

(Material and thickness of exterior walls above and below grade:

- Full Foundation
- Craw Space
- Slab Home

- Waterproofing: Tar
- Foam Board
- Other

- Block Thickness _____
- Poured Thickness _____
- Pre-Cast Thickness _____

5. Concrete:

Basement Floor Thickness: _____
(either slab home or full foundation)

- Sidewalks: Thickness: _____
- Driveway: Thickness: _____ ****

6. Framing:

Size, spacing of lumber to be used for floor, exterior walls and interior partition framing, subfloor, sheathing, underlayment.

Exterior Walls:

- 2X4 wood
- 2x6 wood
- Other
- _____

Spacing:

- 16" on center
- 24" on center
- Other
- _____

External Walls Material and Thickness:

- OSB _____
- Foam Board _____
- Plywood _____
- Other _____

Moisture Protection:

- Tyvek
- Other

7. Roofing:

Size, spacing of lumber to be used for trusses, sheathing, underlayment, ventilation,

| | | | |
|--|--|---|---|
| <p><u>Roof Trusses:</u></p> <input type="checkbox"/> 2x4 <input type="checkbox"/> 2x6 <input type="checkbox"/> Other <hr/> | <p><u>Truss Spacing:</u></p> <input type="checkbox"/> 16" on center <input type="checkbox"/> 24" on center <input type="checkbox"/> Other <hr/> | <p><u>Roof Sheathing:</u></p> <input type="checkbox"/> OSB <input type="checkbox"/> Plywood <input type="checkbox"/> Other <hr/> | <p><u>Underlayment:</u></p> <input type="checkbox"/> Felt <input type="checkbox"/> Titanium <input type="checkbox"/> Other <hr/> |
| <p><u>Water and Ice Protection:</u></p> <input type="checkbox"/> Aluminum Flashing <input type="checkbox"/> Ice and Water Guard <input type="checkbox"/> Other <hr/> | <p><u>Gutters and Downspouts:</u></p> <input type="checkbox"/> Aluminum <input type="checkbox"/> Copper <input type="checkbox"/> Other <hr/> | <p><u>Ventilation:</u></p> <input type="checkbox"/> Ridge Vents <input type="checkbox"/> Gable Vents <input type="checkbox"/> Whole House System <input type="checkbox"/> Electric/Solar <input type="checkbox"/> Other <hr/> | <p><u>Notes:</u></p> |
| <p><u>Roofing Material:</u></p> <input type="checkbox"/> Asphalt Dimensional <input type="checkbox"/> Asphalt (3 Tab) <input type="checkbox"/> Metal <input type="checkbox"/> Other <hr/> | <p><u>Roofing Warranty:</u></p> <input type="checkbox"/> 15 Years <input type="checkbox"/> 25 Years <input type="checkbox"/> 50 years <input type="checkbox"/> Lifetime <input type="checkbox"/> Other <hr/> | <p><u>Overhang Material:</u></p> <input type="checkbox"/> Aluminum <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Other <hr/> | <p><u>Overhang Width:</u></p> <input type="checkbox"/> 6 Inch <input type="checkbox"/> 12 Inch <input type="checkbox"/> 18 Inch <input type="checkbox"/> Other <hr/> |

8. Doors, Windows and Glass:

| | | | |
|---|--|--|---|
| <p><u>Window Brand:</u></p> <input type="checkbox"/> Anderson <input type="checkbox"/> Pella <input type="checkbox"/> Jeld Wen <input type="checkbox"/> Other | <p><u>Material:</u></p> <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other | <p><u>Type:</u></p> <input type="checkbox"/> Single Hung <input type="checkbox"/> Double Hung <input type="checkbox"/> Casement <input type="checkbox"/> Other | <p><u>Window Spec:</u></p> <input type="checkbox"/> Triple Pane <input type="checkbox"/> Low E <input type="checkbox"/> Tinted <input type="checkbox"/> Other |
| <p>Doors and Frames - Exterior: Thickness, material and type at all locations.</p> | | | |
| <p><u>Door Thickness:</u></p> <input type="checkbox"/> 1 ¼ Inches <input type="checkbox"/> 2 Inches <input type="checkbox"/> Others | <p><u>Door Material:</u></p> <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other | <p><u>Frame Material</u></p> <input type="checkbox"/> Wood <input type="checkbox"/> Composite <input type="checkbox"/> Other | |

Doors and Frames - Interior: Thickness, material and type.

| <u>Door Thickness:</u> | <u>Door Material:</u> | <u>Frame Material</u> | |
|-------------------------------------|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> 1 ¾ Inches | <input type="checkbox"/> Wood Hollow | <input type="checkbox"/> Wood | |
| <input type="checkbox"/> 2 Inches | <input type="checkbox"/> Wood Solid | <input type="checkbox"/> Composite | |
| <input type="checkbox"/> Others | <input type="checkbox"/> MPF Hollow | <input type="checkbox"/> Other | |
| | <input type="checkbox"/> MPF Solid | | |

9. Exterior Material:

| <u>Exposed Foundation:</u> | <u>Above Foundation</u> | <u>Number of Sides</u> |
|--------------------------------|--|------------------------|
| <input type="checkbox"/> Brick | <input type="checkbox"/> Brick | _____ |
| <input type="checkbox"/> Stone | <input type="checkbox"/> Vinyl | _____ |
| <input type="checkbox"/> Paint | <input type="checkbox"/> Concrete Siding | _____ |
| <input type="checkbox"/> Other | <input type="checkbox"/> Wood | _____ |
| | <input type="checkbox"/> Other | _____ |

10. Utilities:

| <u>Sewage:</u> | <u>Water:</u> | <u>Power Source:</u> | <u>Electrical Entrance:</u> | <u>Gas Plumbing Material:</u> | <u>Plumbing Material:</u> |
|-------------------------------------|---------------------------------|-----------------------------------|----------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Public | <input type="checkbox"/> Public | <input type="checkbox"/> Gas | <input type="checkbox"/> 150 Amp | <input type="checkbox"/> Cast Iron | <input type="checkbox"/> Copper |
| <input type="checkbox"/> Septic | <input type="checkbox"/> Well | <input type="checkbox"/> Electric | <input type="checkbox"/> 200 Amp | <input type="checkbox"/> CSST Pipe | <input type="checkbox"/> PEX |
| <input type="checkbox"/> Sand Mound | <input type="checkbox"/> Other | <input type="checkbox"/> Solar | <input type="checkbox"/> Other | <input type="checkbox"/> Polyethylene | <input type="checkbox"/> PVC |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

11. Insulation:

| <u>Exterior Wall Insulation:</u> | <u>Attic Insulation:</u> | <u>Notes:</u> |
|--|--|---------------|
| <input type="checkbox"/> Loose Fill Blown-In | <input type="checkbox"/> Loose Fill Blown-In | |
| <input type="checkbox"/> Spray Foam | <input type="checkbox"/> Spray Foam | |
| <input type="checkbox"/> Fiberglass | <input type="checkbox"/> Fiberglass | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | |

12. Interior Walls and Ceilings

| <u>Wall Material:</u> | <u>Thickness:</u> | <u>Ceiling Material:</u> | <u>Thickness:</u> | <u>Notes:</u> |
|------------------------------------|-------------------|------------------------------------|-------------------|---------------|
| <input type="checkbox"/> Drywall | _____ | <input type="checkbox"/> Drywall | _____ | |
| <input type="checkbox"/> Hard Coat | _____ | <input type="checkbox"/> Hard Coat | _____ | |
| <input type="checkbox"/> Plaster | _____ | <input type="checkbox"/> Plaster | _____ | |
| <input type="checkbox"/> Other | _____ | <input type="checkbox"/> Other | _____ | |

13. Interior Trim

| | | | |
|--|-----------------------|---|---|
| Material: <input type="checkbox"/> Wood <input type="checkbox"/> MPF <input type="checkbox"/> Composite <input type="checkbox"/> Other _____ | Type: _____ | Finish: <input type="checkbox"/> Paint <input type="checkbox"/> Stain <input type="checkbox"/> Natural <input type="checkbox"/> Other _____ | Trim Packages: <input type="checkbox"/> Crown Molding <input type="checkbox"/> Door Trim <input type="checkbox"/> Natural <input type="checkbox"/> Chair-Rail <input type="checkbox"/> Other _____ |
|--|-----------------------|---|---|

14. Kitchen

Please feel free to provide any special comments regarding your kitchen:

| | | | |
|--|-------------------------|--|--|
| Cabinet Type: <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other _____ | Finish: _____ | Countertops: <input type="checkbox"/> Granite <input type="checkbox"/> Quartz <input type="checkbox"/> Concrete <input type="checkbox"/> Laminate <input type="checkbox"/> Corian <input type="checkbox"/> Other _____ | Appliances: <input type="checkbox"/> Dishwasher <input type="checkbox"/> Freestanding Range <input type="checkbox"/> Built-In Range <input type="checkbox"/> Microwave <input type="checkbox"/> Freestanding Refrigerator <input type="checkbox"/> Professional Kitchen Group Brand: _____ |
|--|-------------------------|--|--|

15. Bathrooms

Please feel free to provide any special comments regarding your master bathroom:

Master Bathroom:

Cabinet Type: _____

Finish: _____

Flooring Material: _____

Countertops:

- Granite
- Quartz
- Concrete
- Laminate
- Other

Shower and Tubs:

- Fiberglass Unit
- Custom Tile
- Steam
- Jetted Tub
- Garden Tub
- Other

Please feel free to provide any special comments regarding your additional bathrooms:

Additional Bathroom:

Cabinet Type: _____

Finish: _____

Flooring Material: _____

Countertops:

- Granite
- Quartz
- Concrete
- Laminate
- Other

Shower and Tubs:

- Fiberglass Unit
- Custom Tile
- Steam
- Jetted Tub
- Garden Tub
- Other

17. Flooring

Main Living Area:

- Carpet
- Tile
- Hardwood
- Laminate
- Other

Bedrooms:

- Carpet
- Tile
- Hardwood
- Laminate
- Other

18. Lighting

| | | |
|---|---|-----------------------------|
| <p><u>Main Living Area:</u></p> <p><input type="checkbox"/> Can Lights</p> <p><input type="checkbox"/> Ceiling Fan Ready</p> <p><input type="checkbox"/> Other</p> | <p><u>Bedrooms:</u></p> <p><input type="checkbox"/> Can Lights</p> <p><input type="checkbox"/> Ceiling Fan Ready</p> <p><input type="checkbox"/> Other</p> | <p><u>Notes:</u></p> |
|---|---|-----------------------------|

19. Basement Construction:

If finished Basement as noted on Page one please provide the scope of the construction. (Floors, Ceilings, Walls, Etc)

20. HVAC (Air Cooling)

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| <p><u>Air Cooling:</u></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | <p><u>Air Cooling Type:</u></p> <p><input type="checkbox"/> Electric Forced Air Tons: _____</p> <p><input type="checkbox"/> Geothermal System</p> <p><input type="checkbox"/> Heat Pump Tons: _____</p> <p><input type="checkbox"/> Mini Split System Tons: _____</p> <p><input type="checkbox"/> Other</p> |
|--|--|

21. (Heating)

| | | |
|--|---|---|
| <p><u>Heating:</u></p> <p><input type="checkbox"/> Boiler System</p> <p><input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Electric</p> <p><input type="checkbox"/> Other</p> | <p><u>Heating Type:</u></p> <p><input type="checkbox"/> Electric Furnace BTU: _____</p> <p><input type="checkbox"/> Geothermal System</p> <p><input type="checkbox"/> Mini Split Tons: _____</p> <p><input type="checkbox"/> Heat Pump Tons: _____</p> <p><input type="checkbox"/> Gas Forced Air BTU: _____</p> <p><input type="checkbox"/> Boiler System</p> <p><input type="checkbox"/> Other</p> | <p><u>Fireplace:</u></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><u>Fireplace Type:</u></p> <p><input type="checkbox"/> Gas # of Units _____</p> <p><input type="checkbox"/> Wood # of Units _____</p> <p><input type="checkbox"/> Other Type _____ # of Units _____</p> |
| | <p><u>Water Heating Type:</u></p> <p><input type="checkbox"/> Boiler System</p> <p><input type="checkbox"/> Natural Gas</p> <p><input type="checkbox"/> Electric</p> <p><input type="checkbox"/> Other</p> | |

22. Special Construction Notes: (Optional)

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All items of construction, equipment, and finish, together with all incidentals, which are essential to the completion of the project, will be of a type, quality and capacity acceptable to HCR/HTFC and appropriate to the character of the project.

| | |
|--------------------------------|--|
| Applicant Signature: | |
| Co-Applicant Signature: | |
| Contractor Signature: | |