



PUNCH LIST FORM & CHECK LIST

Cover Sheet & Sign Off Page

| | |
|-----------------|-----------------|
| Store Number: | Punch Date: |
| Store Name: | Complete Date: |
| Store Address: | AAP CM: |
| City / St. | AAP GM: |
| Developer / LL: | AAP DL: |
| Contractor: | Dev. LL Rep. |
| Contractor PM: | Superintendent: |

NOTE TO CONTRACTOR: This document does not relieve the contractors of total responsibility to completely finish the project including items not mentioned herein but shown on drawings or specified.

This visit was made to observe certain aspects of the Construction Progress. It was not intended to be an intense effort to verify strict Contractor compliance, but only a periodic review of progress to see if construction is preceding in general accord with the design intent. Opinions, observations and/or recommendations offered in this report should not alter the construction contract or any relationships. No "assurance" or "Certification" as to the quality or completeness of the construction progress is intended, nor should such be construed, since periodic (non-continuous) observation cannot provide direct knowledge of all conditions as necessary for such a representation. The visit also specifically excludes consideration of "Construction Means and Methods" as well as Worker Safety.

Sign below on the day of Final Punch:

| | |
|--------------------------------|---------------------------|
| GENERAL CONTRACTOR / DEVELOPER | AAP CM / STORE MANAGER |
| X | X |
| Signature & Date | Signature & Date |

STATUS OF CERTIFICATE OF OCCUPANCY

| TEMPORARY | VERBAL | FINAL | Comments: | | | | | | |
|---|--------|-------|--|-------|-----|------|--|--|--|
| <p align="center">PUNCH LIST IS TO BE FULLY EXECUTED IN ITS ENTIRETY BY:</p> | | | <table border="1"> <tr> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> | MONTH | DAY | YEAR | | | |
| MONTH | DAY | YEAR | | | | | | | |
| | | | | | | | | | |

| | |
|--------------------|-----------------------------|
| GENERAL CONTRACTOR | AAP CONSTRUCTION MANAGER |
| X | X |
| Signature & Date | Signature & Date |

MUST RETAIN ALL AAP SIGNATURES PRIOR TO FINAL PAYMENT OR ISSUANCE OF RENT



Keep the wheels turning.

Store #: 0
Site #: 0
Name: 0

Date: 1/0/1900
CM: 1/0/1900
Contractor: 0

The following list of work items have been reviewed during the punch-walk. Items with an "X" in the box were observed to have been satisfactorily completed. Items without an "X" require action by the contractor. All items must be marked

Table with columns: BUILDING INTERIOR: (Storefront & Entry, Main Sales Floor), Comments. Contains a checklist of construction items for a storefront and main sales floor.

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| BUILDING INTERIOR: | Comments |
|--|-----------------|
| Men's Restroom | |
| <input type="checkbox"/> Install/ repair/ clean FRP (if applicable) | _____ |
| <input type="checkbox"/> Install edge trim at top & bottom of FRP (if applicable). | _____ |
| <input type="checkbox"/> Install sealant at base of toilet. | _____ |
| <input type="checkbox"/> Install toilet accessories, incl horizontal and vertical grab bars. | _____ |
| <input type="checkbox"/> Mirrors installed | _____ |
| <input type="checkbox"/> Soap dispenser installed | _____ |
| <input type="checkbox"/> Toilet tissue dispenser installed | _____ |
| <input type="checkbox"/> Paper towel dispenser installed | _____ |
| <input type="checkbox"/> ADA compliant "MEN" sign | _____ |
| <input type="checkbox"/> Wall mounted occupancy sensor light switch | _____ |
| <input type="checkbox"/> Exhaust fan & grill installed | _____ |
| <input type="checkbox"/> Lavatory installed & caulked at wall. | _____ |
| <input type="checkbox"/> Pipe guard at p-trap & stem | _____ |
| <input type="checkbox"/> Single lever faucet assembly | _____ |
| <input type="checkbox"/> Water closet with flush handle located on "open" side of tank | _____ |
| <input type="checkbox"/> Solid core wood door undercut 1" @ bottom. | _____ |
| <input type="checkbox"/> Privacy set/hinges/closure/door stop | _____ |
| <input type="checkbox"/> Gypboard ceiling | _____ |
| <input type="checkbox"/> Painted walls & ceiling | _____ |
| <input type="checkbox"/> Light, surface mounted, ceiling | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| Women's Restroom | |
| <input type="checkbox"/> Install/ repair/ clean FRP (if applicable) | _____ |
| <input type="checkbox"/> Install edge trim at top & bottom of FRP (if applicable). | _____ |
| <input type="checkbox"/> Install sealant at base of toilet. | _____ |
| <input type="checkbox"/> Install toilet accessories, incl horizontal and vertical grab bars. | _____ |
| <input type="checkbox"/> Mirrors installed | _____ |
| <input type="checkbox"/> Soap dispenser installed | _____ |
| <input type="checkbox"/> Toilet tissue dispenser installed | _____ |
| <input type="checkbox"/> Paper towel dispenser installed | _____ |
| <input type="checkbox"/> ADA compliant "WOMEN" sign | _____ |
| <input type="checkbox"/> Wall mounted occupancy sensor light switch | _____ |
| <input type="checkbox"/> Exhaust fan & grill installed | _____ |
| <input type="checkbox"/> Lavatory installed & caulked at wall. | _____ |
| <input type="checkbox"/> Pipe guard at p-trap & stem | _____ |
| <input type="checkbox"/> Single lever faucet assembly | _____ |
| <input type="checkbox"/> Water closet with flush handle located on "open" side of tank | _____ |
| <input type="checkbox"/> Solid core wood door undercut 1" @ bottom. | _____ |
| <input type="checkbox"/> Privacy set/hinges/closure/door stop | _____ |
| <input type="checkbox"/> Gypboard ceiling | _____ |
| <input type="checkbox"/> Painted walls & ceiling | _____ |
| <input type="checkbox"/> Light, surface mounted, ceiling | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
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| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |



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| BUILDING SHELL & EXTERIOR: | | Comments |
|---|---|----------|
| Roof Area: | | |
| <input type="checkbox"/> | Roof type & manufacturer | _____ |
| <input type="checkbox"/> | Remove all debris, wood, fasteners, cut conduit, etc. | _____ |
| <input type="checkbox"/> | HVAC units & curbs Installed | _____ |
| <input type="checkbox"/> | HVAC condensate lines & p-traps | _____ |
| <input type="checkbox"/> | Units labeled | _____ |
| <input type="checkbox"/> | New filters installed & dated | _____ |
| <input type="checkbox"/> | Walk pads Installed | _____ |
| <input type="checkbox"/> | Gas pipe painted (yellow)/ verify composite blocking | _____ |
| <input type="checkbox"/> | HVAC disconnect & outlet | _____ |
| <input type="checkbox"/> | Roof flashing (units & vents) | _____ |
| <input type="checkbox"/> | Roof drains & covers | _____ |
| <input type="checkbox"/> | Overflows & scuppers | _____ |
| <input type="checkbox"/> | Parapet cap flashing | _____ |
| <input type="checkbox"/> | Verify exterior signage and panels are properly caulked | _____ |
| <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ |
| Building: | | |
| <input type="checkbox"/> | CMU block filler & painted | _____ |
| <input type="checkbox"/> | EIFS installed - if applicable | _____ |
| <input type="checkbox"/> | ICI Paint verified per finish schedule | _____ |
| <input type="checkbox"/> | Building signage & hook-up, all lifting brackets removed | _____ |
| <input type="checkbox"/> | Building signage blocking, through bolts installed top and bottom | _____ |
| <input type="checkbox"/> | All exterior caulking installed | _____ |
| <input type="checkbox"/> | Touch-up paint/caulking | _____ |
| <input type="checkbox"/> | Downspouts/splash blocks (verify concrete) | _____ |
| <input type="checkbox"/> | Eye bolts (for banners) installed per plan | _____ |
| <input type="checkbox"/> | Wall hydrants installed | _____ |
| <input type="checkbox"/> | Knox box (if required by code) | _____ |
| <input type="checkbox"/> | GFI outlet adjacent to wall hydrant | _____ |
| <input type="checkbox"/> | WP & WW wall fixtures installed (painted) | _____ |
| <input type="checkbox"/> | Roof ladder (if required) | _____ |
| <input type="checkbox"/> | Red panels trim installed and secure, verify color | _____ |
| <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ |
| General Notes & Misc. Check List | | |
| <input type="checkbox"/> | Professional final cleaning | _____ |
| <input type="checkbox"/> | Water meter installed | _____ |
| <input type="checkbox"/> | Gas meter installed | _____ |
| <input type="checkbox"/> | Electric meter installed | _____ |
| <input type="checkbox"/> | Extra paint stock (1 gallon unopened labeled can each color) | _____ |
| <input type="checkbox"/> | Extra ceiling stock (if applicable) | _____ |
| <input type="checkbox"/> | Extra lamps | _____ |
| <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ |



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| SITE: | Comments |
|---|----------|
| <input type="checkbox"/> Asphalt/concrete paving | _____ |
| <input type="checkbox"/> Concrete curbs | _____ |
| <input type="checkbox"/> Wheel stops | _____ |
| <input type="checkbox"/> Concrete parking apron | _____ |
| <input type="checkbox"/> Concrete loading pad | _____ |
| <input type="checkbox"/> Concrete dumpster apron | _____ |
| <input type="checkbox"/> Parking lot striping (Asphalt /White - Concrete /Yellow) | _____ |
| <input type="checkbox"/> Handicap pavement markings & signs | _____ |
| <input type="checkbox"/> Handicap ramp(s) with truncated domes | _____ |
| <input type="checkbox"/> Site sign installed and operational,verify location, inspect condition | _____ |
| <input type="checkbox"/> Bollards at all metering locations (2), painted OSHA yellow | _____ |
| <input type="checkbox"/> Dumpster fence & gate w/cane bolts - painted to match building | _____ |
| <input type="checkbox"/> Dumpster posts & bollards concrete filled/painted OHSA yellow | _____ |
| <input type="checkbox"/> Site lighting installed - confirm operational) | _____ |
| <input type="checkbox"/> "COMING SOON" sign removed | _____ |
| <input type="checkbox"/> Mail Box Installed (if applicable) | _____ |
| <input type="checkbox"/> Clean-outs installed and capped at proper grade | _____ |
| <input type="checkbox"/> Access drive/ entry/ directional signage | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

Landscaping:

| | |
|---|-------|
| <input type="checkbox"/> Landscaping complete (verify qtys and types) | _____ |
| <input type="checkbox"/> Weed barrier under mulch areas (3" mulch min) | _____ |
| <input type="checkbox"/> Irrigation system installed (if applicable) & operational | _____ |
| <input type="checkbox"/> Grass areas fine graded & planted as specified | _____ |
| <input type="checkbox"/> Entire site is clean of all construction related debris. | _____ |
| <input type="checkbox"/> Steel edging installed between planting beds & lawn areas (if required). | _____ |
| <input type="checkbox"/> Curbs & sidewalks backfilled | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
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| <input type="checkbox"/> | _____ |



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GENERAL NOTES:

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