ELDER BEE HOMES
2221 Edge Lake Dr. ● Suite 170
Charlotte, NC 28217
Phone: 704-329-9588 Fax: 704-329-9589

30 DAY WARRANTY LIST

Home Owners: _____Date: _____Time:_____

Address: _____Subdivision: _____Job Number: _____

Phone #1: _____ Phone #2: _____

Superintendent: _____Date/Time for Repair: _____

CHECK ONE: _____First Walk_____ Second Walk for Sign Off Closing Date: _____

Once your list is received by our office the appropriate warranty manager will schedule items for completion. The appropriate Subcontractor will also contact you to complete their individual items. The items noted below compile a COMPLETE list of ANY and ALL items not satisfactory to customer. I give Elder Bee Homes and their representatives' authority to access my property.
Note: Not all items are necessarily warrantable. The National Association of Homebuilders publication, *Residential Construction Performance Guidelines, Third Edition*, will be used to determine warranty claims and that workmanship meets industry standards.

Home Owner's Signature: _____

ITEMS	CONTRACTOR	DATE ORDERED	DATE COMPLETE	CUSTOMER INTIALS

These items have been completed to our satisfaction. In the event that there is more than one buyer represented on the contract, and only one is present to sign on this list, the signature obtained will be representative as acceptance by all buyers involved in the purchase of the home.

Home Owner Signature: _____ Date: _____

Home Owner Signature: _____ Date: _____