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CLIENT INFORMATION – NEW DWELLING

Date:

Stand No:Account No. (Electricity Bill).....

House No:

Street Name:Suburb:.....

Town:

E-mail:

Contact No:

PROPOSED CONSTRUCTION (INDICATE WITH X)

<input type="checkbox"/> New Building	<input type="checkbox"/> Private Dwelling	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Additions	<input type="checkbox"/> Outbuilding	<input type="checkbox"/> Flats
<input type="checkbox"/> Alterations	<input type="checkbox"/> School	<input type="checkbox"/> Shops
<input type="checkbox"/> Drainage	<input type="checkbox"/> Crèche	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Substation	<input type="checkbox"/> Clinic	<input type="checkbox"/> Factory
<input type="checkbox"/> UG Tank	<input type="checkbox"/> Hospital	<input type="checkbox"/> Public Building
<input type="checkbox"/> Lapa	<input type="checkbox"/> Other	

REQUIRED DOCUMENTS

	RECIEVED	OUTSTANDING
ID Document		
Title Deed		
Zoning Certificate		
Letter signed by adjoining property Owners		
Water and Lights Account		
Existing Building or Site Layout		










SUBMISSION OF PLANS (INDICATE WITH X)

Body Corporate <input type="checkbox"/> Yes <input type="checkbox"/> No	Municipality <input type="checkbox"/> Yes <input type="checkbox"/> No
Other	Comments:

PROPOSED CRITERIA – ROOMS (INDICATE WITH X)

Bedrooms	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5+	Comments:
Bathrooms	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5+	Comments:
Half Bathrooms	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5+	Comments:
Stories	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5+	Comments:
Main Bedroom	On-Suite Bathroom <input type="checkbox"/> On-Suite Half Bathroom <input type="checkbox"/>	Comments:
Bedrooms	On-Suite Bathroom <input type="checkbox"/> On-Suite Half Bathroom <input type="checkbox"/>	Comments:
Garage	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5+	Comments:
Carports	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5+	Comments:
Swimming Pool	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
Jacuzzi	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
Lapa	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
Other	Comments:	


ARCHITECTURAL STYLE (INDICATE WITH X)

<input type="checkbox"/> Contemporary-Modern Homes 	<input type="checkbox"/> A-Frame Home 	<input type="checkbox"/> Shed Style Home 
<input type="checkbox"/> Colonial Home 	<input type="checkbox"/> Cape Cod Home 	<input type="checkbox"/> Dutch Colonial Home 
<input type="checkbox"/> Adam/Federal Home 	<input type="checkbox"/> Georgian Home 	<input type="checkbox"/> European Home 



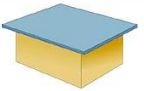
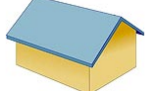
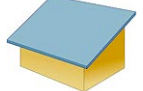
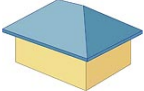
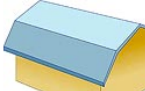
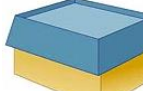
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<input type="checkbox"/> Chateau Home 	<input type="checkbox"/> French Country Home 	<input type="checkbox"/> Tudor Home 
<input type="checkbox"/> English Cottage Home 	<input type="checkbox"/> Chalet Home 	<input type="checkbox"/> New American Home 
<input type="checkbox"/> Southwestern Home 	<input type="checkbox"/> Mission Home 	<input type="checkbox"/> Spanish Home 
<input type="checkbox"/> Adobe Home 	<input type="checkbox"/> Neoclassical Home 	<input type="checkbox"/> Italianate Home 
<input type="checkbox"/> Plantation Home 	<input type="checkbox"/> Greek Revival Home 	<input type="checkbox"/> Ranch Home 
<input type="checkbox"/> Split-Level Home 	<input type="checkbox"/> Victorian Home 	<input type="checkbox"/> Gothic Revival Home 
<input type="checkbox"/> Queen Anne Home 	<input type="checkbox"/> Second Empire 	<input type="checkbox"/> Shingle Home 

		
<input type="checkbox"/> Mediterranean Home 	<input type="checkbox"/> Mediterranean Modern Homes 	<input type="checkbox"/> Country Home 
<input type="checkbox"/> Cottage Home 	<input type="checkbox"/> Farmhouse Home 	<input type="checkbox"/> Log House 
<input type="checkbox"/> Low Country Home 	<input type="checkbox"/> Cabin Home 	<input type="checkbox"/> Craftsman Home 
<input type="checkbox"/> Bungalow Home 	<input type="checkbox"/> Prairie Style Home 	<input type="checkbox"/> Traditional Home 
Other	Comments:	

PROPOSED ROOFING STYLE (INDICATE WITH X)

<input type="checkbox"/> Flat 	<input type="checkbox"/> Gable 	<input type="checkbox"/> Shed 
<input type="checkbox"/> Hip 	<input type="checkbox"/> Gambrel 	<input type="checkbox"/> Mansard 
Other	Comments:	

FINISHING

PROPOSED FINISHING - ROOFING (INDICATE WITH X)

<input type="checkbox"/> Asphalt <input type="checkbox"/> Slate <input type="checkbox"/> Tile <input type="checkbox"/> Metal <input type="checkbox"/> Thatch <input type="checkbox"/> Other	Comments:
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PROPOSED FINISHING - INTERIOR WALL (INDICATE WITH X)

Interior Wall - Main Bedrooms	Plaster <input type="checkbox"/> Face Brick <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Interior Wall - Main Bathroom	Plaster <input type="checkbox"/> Face Brick <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Interior Wall - Bathroom	Plaster <input type="checkbox"/> Face Brick <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Interior Wall - Kitchen	Plaster <input type="checkbox"/> Face Brick <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Interior Wall - Jacuzzi	Plaster <input type="checkbox"/> Face Brick <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Interior Wall - Lapa	Plaster <input type="checkbox"/> Face Brick <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Other	Comments:	

PROPOSED FINISHING - EXTERIOR WALL (INDICATE WITH X)

Exterior Wall - Dwelling	Plaster <input type="checkbox"/>	Comments:
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	Face Brick <input type="checkbox"/> Other <input type="checkbox"/>	
Exterior Wall – Boundary Wall	Plaster <input type="checkbox"/> Face Brick <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Exterior Wall – Jacuzzi	Plaster <input type="checkbox"/> Face Brick <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Exterior Wall – Lapa	Plaster <input type="checkbox"/> Face Brick <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Other	Comments:	

PROPOSED FINISHING - FLOORING (INDICATE WITH X)

Main Bedroom	Carpet <input type="checkbox"/> Tiles <input type="checkbox"/> Wood Floor <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Bedrooms	Carpet <input type="checkbox"/> Tiles <input type="checkbox"/> Wood Floor <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Bathrooms	Tiles <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Half Bathrooms	Tiles <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Garage	Tiles <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Jacuzzi	Tiles <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Lapa	Tiles <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Other	Comments:	

PROPOSED FINISHING - DOORS (INDICATE WITH X)

Main Entrance	Single Door <input type="checkbox"/> Double Door <input type="checkbox"/>	Comments:
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	Sliding Door <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Other <input type="checkbox"/>	
Main Bedroom	Wood <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Bedroom	Wood <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Kitchen	Single Door <input type="checkbox"/> Double Door <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Garage Main Door	Single Door <input type="checkbox"/> Double Door <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Garage Exit Door	Wood <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Jacuzzi	Single Door <input type="checkbox"/> Double Door <input type="checkbox"/> Sliding Door <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Lapa	Single Door <input type="checkbox"/> Double Door <input type="checkbox"/> Sliding Door <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Other	Comments:	
PROPOSED FINISHING - WINDOWS (INDICATE WITH X)		
Main Entrance	Wood <input type="checkbox"/> Steel <input type="checkbox"/>	Comments:



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	Aluminum <input type="checkbox"/>	
	Other <input type="checkbox"/>	
Main Bedroom	Wood <input type="checkbox"/>	Comments:
	Steel <input type="checkbox"/>	
	Aluminum <input type="checkbox"/>	
	Other <input type="checkbox"/>	
Bedroom	Wood <input type="checkbox"/>	Comments:
	Steel <input type="checkbox"/>	
	Aluminum <input type="checkbox"/>	
	Other <input type="checkbox"/>	
Garage	Wood <input type="checkbox"/>	Comments:
	Steel <input type="checkbox"/>	
	Aluminum <input type="checkbox"/>	
	Other <input type="checkbox"/>	
Jacuzzi	Wood <input type="checkbox"/>	Comments:
	Steel <input type="checkbox"/>	
	Aluminum <input type="checkbox"/>	
	Other <input type="checkbox"/>	
Lapa	Wood <input type="checkbox"/>	Comments:
	Steel <input type="checkbox"/>	
	Aluminum <input type="checkbox"/>	
	Other <input type="checkbox"/>	
Other	Comments:	

ELECTRICAL

PROPOSED ELECTRICAL SOCKET (INDICATE WITH X)

Bedrooms	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5+	Comments:
Bathrooms	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5+	Comments:
Kitchen	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5+	Comments:
Garage	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5+	Comments:
Carports	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5+	Comments:
Swimming Pool	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5+	Comments:
Lapa	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5+	Comments:
Jacuzzi	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5+	Comments:
Other	Comments:	

PROPOSED ELECTRICAL LIGHTS (INDICATE WITH X)

Bedrooms	Standard <input type="checkbox"/>	Comments:
	Fluorescent 1 Tube <input type="checkbox"/>	
	Fluorescent 1 Tube <input type="checkbox"/>	



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	Other <input type="checkbox"/>	
Bathrooms	Standard <input type="checkbox"/> Fluorescent 1 Tube <input type="checkbox"/> Fluorescent 1 Tube <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Kitchen	Standard <input type="checkbox"/> Fluorescent 1 Tube <input type="checkbox"/> Fluorescent 1 Tube <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Garage	Standard <input type="checkbox"/> Fluorescent 1 Tube <input type="checkbox"/> Fluorescent 1 Tube <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Carports	Standard <input type="checkbox"/> Fluorescent 1 Tube <input type="checkbox"/> Fluorescent 1 Tube <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Swimming Pool	Standard <input type="checkbox"/> Fluorescent 1 Tube <input type="checkbox"/> Fluorescent 1 Tube <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Jacuzzi	Standard <input type="checkbox"/> Fluorescent 1 Tube <input type="checkbox"/> Fluorescent 1 Tube <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Lapa	Standard <input type="checkbox"/> Fluorescent 1 Tube <input type="checkbox"/> Fluorescent 1 Tube <input type="checkbox"/> Other <input type="checkbox"/>	Comments:
Other	Comments:	

PROPOSED ELECTRICAL OTHER (INDICATE WITH X)

Air Conditioners	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
Centralize Heating	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
Other	Comments:	

OUTDOOR AMENITIES

PROPOSED OUTDOOR AMENITIES (INDICATE WITH X)

<input type="checkbox"/> Pool	Shape Finish	Comments:
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	Size	
<input type="checkbox"/> Tennis Court		Comments:
Other	Comments:	

Owner:.....

Signed at.....on this.....Day.....Month.....Year.....