

Customer Check List

Client Name: Ph: Email:

Project Address: Lot Number: House Number: Street: Suburb: PC:

Postal Address: Suburb: PC:

Council to which plans are to be lodged: DP Number: Unit Number:

To complete this Checklist please fill out as fully as possible. This will ensure an accurate design and avoid any unnecessary delays.

Site Plan with North Point Floor Plan Elevations Window Schedule Electrical Plan

Our normal design time is 3-5 days from receiving the requested information.

Please note if all information is not received, default settings may be used or a delay will be advised.

Payment is due at time of supply of the documents and an invoice will be issued.

All correspondence should be Emailed to info@abecservices.com.au

1-Terrain Open Protected Exposed Suburban

2- External Walls	1st	2nd Floor	Wall Insulation Type	1st	2nd Floor	Wall Colour	1st	2nd Floor
<input type="checkbox"/> Brick Veneer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Light	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Metal Cladding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bulk Insulation R Value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medium	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hebel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Reflective Foil R value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Dark	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Weatherboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bubble Foil R value.	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="text"/> other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> other	<input type="checkbox"/>	<input type="checkbox"/>			

3- Internal Walls

	1st	2nd Floor
<input type="checkbox"/> Plasterboard on Studs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hebel 100mm	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> other	<input type="checkbox"/>	<input type="checkbox"/>

4- Floor Coverings	1st	2nd Floor	Floor Insulation Type	1st	2nd Floor	Floor Structure	1st	2nd Floor
<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Concrete Slab	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bulk Insulation R value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Susp. Slab	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Vinyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bubble Foil R value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Waffle Pod mm	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ceramic Tiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Foil Lined Batts R value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Timber	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Timber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Reflective Foil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> other	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Styrene mm	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Cork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> other	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="text"/> other	<input type="checkbox"/>	<input type="checkbox"/>						

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5- Roof Material <input type="checkbox"/> Corrugated Steel <input type="checkbox"/> Tiles <input style="width:100%;" type="text" value="other"/>	Roof Insulation <input type="checkbox"/> None <input type="checkbox"/> Bulk Insulation R value <input type="checkbox"/> Reflective Foil R value <input type="checkbox"/> Bubble Foil R value <input style="width:100%;" type="text" value="other"/>	Roof Colour <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark	Roof Type <input type="checkbox"/> Hip <input type="checkbox"/> Hip & Gable <input type="checkbox"/> Gable both ends <input type="checkbox"/> Skillion
		Roof Ventilated <input type="checkbox"/> Yes <input type="checkbox"/> no <input style="width:50px;" type="text" value="number"/> Eaves Ventilated <input type="checkbox"/> Yes <input type="checkbox"/> no <input style="width:50px;" type="text" value="number"/>	

6- Skylights

<input type="checkbox"/> Single Glazed Clear	<input type="checkbox"/> Double Glazed Clear	<input type="checkbox"/> Single Glazed Obscure	<input type="checkbox"/> Double Glazed Obscure
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7- Window Material <input type="checkbox"/> Aluminium <input type="checkbox"/> Aluminium Thermal Break <input type="checkbox"/> Timber <input type="checkbox"/> uPVC	1st <input type="checkbox"/> 2nd Floor <input type="checkbox"/>	Glass Type <input type="checkbox"/> Single Glazed Clear <input type="checkbox"/> Double Glazed Clear <input type="checkbox"/> WERS number <input style="width:100%;" type="text"/> <input style="width:100%;" type="text" value="other"/>	1st <input type="checkbox"/> 2nd Floor <input type="checkbox"/>
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8- Louvres <input type="checkbox"/> Timber	1st <input type="checkbox"/> 2nd Floor <input type="checkbox"/>	<input type="checkbox"/> Glass	1st <input type="checkbox"/> 2nd Floor <input type="checkbox"/>	<input type="checkbox"/> Aluminium	1st <input type="checkbox"/> 2nd Floor <input type="checkbox"/>
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9- External Shading

<input type="checkbox"/> Awning	<input type="checkbox"/> Louvres	<input type="checkbox"/> Roller Shutter	<input style="width:100%;" type="text" value="other:"/>
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10- Ceilings <input type="checkbox"/> Plasterboard <input type="checkbox"/> Timber Lining <input type="checkbox"/> Concrete	1st <input type="checkbox"/> 2nd Floor <input type="checkbox"/>	Ceiling Insulation <input type="checkbox"/> None <input type="checkbox"/> Bulk Insulation R value <input type="checkbox"/> Reflective Foil R value	1st <input type="checkbox"/> 2nd Floor <input type="checkbox"/>
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11- Ceiling Fans

<input type="checkbox"/> Number Fans Living	<input type="checkbox"/> Number in bedrooms
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12- Lighting

<input type="checkbox"/> Plan included	<input style="width:100%; height:30px;" type="text" value="Description"/>
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13- Additional Information: