



Date:

RENOVATION FORM

CLIENT NAME:

LOCATION:

FLOOR AREA:

LOT AREA:

SUBDIVISION FEES:

PROPOSED START DATE:

TARGET FINISH DATE:

DETAILED DESCRIPTION OF RENOVATION

DESCRIPTION OF WORK: Include location (room#), approximate size of area (sqm), Attach sketch if possible:

WILL THIS WORK INVOLVE:

TICK IF YES

ADDITIONAL SPACE	<input type="checkbox"/>	
WALL DIVISIONS	<input type="checkbox"/>	
VENTILATION	<input type="checkbox"/>	
LIGHTING & ELECTRICAL	<input type="checkbox"/>	
FLOORING	<input type="checkbox"/>	
CEILINGS	<input type="checkbox"/>	
DOORS/GLASS PARTITIONS	<input type="checkbox"/>	
PLUMBING	<input type="checkbox"/>	
CURTAIN/BLINDS	<input type="checkbox"/>	
PAINTING	<input type="checkbox"/>	
STAIRS	<input type="checkbox"/>	
CABINETS	<input type="checkbox"/>	
WIRING	<input type="checkbox"/>	
(TELEPHONE/COMPUTERS)		
OTHERS:	<input type="checkbox"/>	

Client's Signature over Printed Name