

Specifications

For domestic and other appropriate buildings
NOT exceeding 12m in height

The Master Builders Association of Victoria supports you and your business by:

Protecting Your Business – legal advice, insurance services, occupational health and safety information, industrial relations guidance and government lobbying.

Running Your Business – access to industry-leading planning and permit registration assistance, business finance and management advice, apprenticeship support, recruitment service, documentation and stationery needs.

Helping Your Business – government approved training services, resource efficiency and waste minimisation as well as Trade Nights and Women in Building Events which offer fantastic networking opportunities.

Promoting Your Business – Find a Master Builder, vehicle decals, member logo, signage, clothing, awards and advertising.

NON MEMBER



MEMBER



9411 4555
www.mbav.com.au



PROJECT BUILDING

Specifications

For domestic and other appropriate buildings
NOT exceeding 12m in height

2001
Third Edition

© Copyright



**Master
Builders™**

ASSOCIATION

Specifications for Domestic and other appropriate buildings not exceeding 12m in height

(SHOW ALL INFORMATION IN BLOCK LETTERS)

Construction of a _____

Owner/s _____

Present Address _____

Postcode _____

Phone Number: Private _____ Business _____

ADDRESS OF BUILDING WORKS: LOT No. _____ STREET No. _____

STREET _____ MELWAYS MAP REF. _____

SUBURB/TOWN _____ Postcode _____

MUNICIPALITY _____

TITLE DETAILS _____

BUILDER _____ A.B.N. _____

ADDRESS _____

Postcode _____ Phone No. _____

These Project Specifications in conjunction with the drawings form part of the Building Contract dated:-

the _____ day of _____ year _____

(The owner shall ensure that these project specifications are fully and accurately completed to suit the owners specific requirements and that all copies agree in every respect).

SIGNATURES

OWNER/S _____ BUILDER _____

MBAV MEMBER No. _____

DATE _____

DATE _____

The Master Builders Association of Victoria does not accept responsibility for any errors and/or omissions in these specifications or for the completion by the Owner and/or Builder of the Specifications.



Owner's Initials _____ / _____

Builder's Initials _____ / _____

Project Specifications Index

ITEM	Page
1. Demolition	3
2. Services	3
3. Storm Water Drainage	4
4. Sewer	5
5. Preliminary Site Works and Foundations	5
6. Footings	6
7. Concrete	6
8. Brickwork and Masonry	7
9. Metalwork	8
10. Carpentry	9
11. Window Frames, Skylights, etc.	11
12. Doors	11
13. Stairs and Steps (other than Concrete)	12
14. Fixings	13
15. Roofing	15
16. Thermal Insulation	16
17. Electrical	16
18. Electronic Services	19
19. Plastering (Solid and Board)	19
20. Internal Walls and Ceiling Linings	20
21. Sanitary Plumbing and Gas Fitting	20
22. Heating and Air Conditioning	23
23. Ducted Vacuum	24
24. Painting	25
25. Tiling Schedule	27
26. Floor Coverings other than Ceramic Tiles	28
27. Glazing	28
28. Fencing and External Property Requirements	29
29. Attached and Detached Dwellings	31
30. Other Special Requirements	32
31. Prime Cost Schedule (Fittings and Fixtures)	33
32. Provisional Sums Schedule (Labour and Materials)	34
Notes	35

1. Demolition

Required	Not Required	By Builder	By Owner
----------	--------------	------------	----------

1.1 Demolition

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

1.2 Demolition Permit

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Details: _____

1.3 Demolished Material to be re-used

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Details: _____

Note: Unless otherwise stated, demolished material will be the property of the builder and be removed from the site.

2. Services

Where any of the services referred to in this clause are available adjacent to the allotment, the builder shall arrange for their permanent connection to the works, and pay all charges and costs in respect thereof.
The owner is to make all necessary applications to any supply authority upon such request from the builder.

2.1 Water Supply

(a) Type of connection

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Details: _____

(b) Water service extension

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Details: _____

(c) Rainwater Tank / Pump

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Details & Capacity: _____

(d) Rainwater Tank Stand

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Details: _____



Owner's Initials /

Builder's Initials /

2. Services (continued)

Required	Not Required	By Builder	By Owner
----------	--------------	------------	----------

2.2 Electricity Supply

- (a) AVAILABLE/NOT AVAILABLE
- (b) UNDERGROUND/OVERHEAD

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(c) Details: _____

If electricity supply is not available adjacent to the allotment, but is required, the Owner shall arrange with the electricity supply authority for the extension of the authority's assets to a point of supply nominated by the supply authority and shall pay the costs of this extension as required by the authority.

2.3 Gas Supply

- (a) AVAILABLE/NOT AVAILABLE
- (b) Type:- MAINS GAS / LIQUID PETROLEUM GAS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(c) Details: _____

Where mains supply is not available adjacent to the allotment, but is required, the owner shall arrange for the extension of supply main to meter and shall pay the cost of this extension.

2.4 Telephone

Details: _____
 Type and Number of Lines: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

2.5 Cable TV Pre Wiring

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

2.6 Computer Cable

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

2.7 Other

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

3. Storm Water Drainage

3.1 Storm Water Drains (to discharge to location as shown on drawings)

Type of Pipe: _____
 Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

3.2 Agricultural Drains

Type of Pipe: _____
 Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

3.3 Other

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------



Owner's Initials /

Builder's Initials /

4. Sewer

4.1 Sewer

4.2 Septic Tank Installation
 Where required (include in tender price):
 _____ litres capacity and _____ metres
 run off _____ effluent drains

4.3 Other Requirements for Septic Tank Installation _____
 Details: _____

Required	Not Required	By Builder	By Owner
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Preliminary Site Works and Foundations

5.1 Site Preparation
 Clearing of Site
 Excavation and Levelling of Site
 Details: _____

5.2 Excavation of Rock \$ per m³

5.3 Removal from site / or spreading of surplus soil and / or rock
 Details: _____

5.4 Protection of Existing Crossover

5.5 Other
 Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT NOTE FOR ATTENTION OF OWNER

The owner's attention is drawn to the fact that foundations in all sites require continuing maintenance to assist footing performance. Advice for foundation maintenance is contained in the CSIRO Sheet No. 10-91 and it is the owner's responsibility to maintain the site in accordance with that document.

6. Footings

Required	Not Required	By Builder	By Owner
----------	--------------	------------	----------

6.1 Concrete Floor Slab construction in accordance with:-

- (a) Residential Slabs and Footings Code AS2870.1
- (b) Engineer's Design
- (c) Other: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.2 Concrete Strip Footings construction in accordance with:-

- (a) Residential Slabs and Footings Code AS2870.1
- (b) Engineer's Design
- (c) Other: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.3 Protection against subterranean termites:-

Physical Barrier / Soil Treatment

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

6.4 Stumps

Type: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

7. Concrete

7.1 Concrete other than Grade 20 (20MPa) to be provided to:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

7.2 Concrete Landings, Ramps, Steps and Thresholds

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------



Owner's Initials /

Builder's Initials /

7. Concrete (continued)

7.3 Concrete Vehicle Crossover

Details: _____

7.4 Concrete Paving including Driveways (excluding Floor Slab)

Details: _____

Extent (in conjunction with site plan): _____

7.5 Brick / Asphalt or Other Paving

Type: _____

Extent: _____

Sub base: _____

Required	Not Required	By Builder	By Owner
----------	--------------	------------	----------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

8. Brickwork and Masonry

NOTE: For Non-Face brickwork, bricks may be other than specified.

8.1 Brickwork (including block work)

Type and colour of base brickwork: _____

Type and colour for brickwork above base: _____

Type and colour for internal brick walling: _____

Manufacturer of bricks: _____

8.2 Jointing to External Brickwork

Details: _____

8.3 Colour of Mortar

Colour of mortar for external brickwork: _____

Colour of mortar for internal brickwork: _____

8.4 Jointing to Internal Brickwork

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

8. Brickwork and Masonry (continued)

	Required	Not Required	By Builder	By Owner
8.5 Damp Proof Course Material _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6 Articulation Joints to Walling Details: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.7 Construction of Fireplace Details: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.8 Window Sills - brick on edge / other _____ Details: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.9 Brick Fencing: Front / Letter Box Details: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.10 Brick Cleaning Details: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Metalwork

9.1 Metal House Framing Type / Details: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.2 Special Steel Fixings, Supports, Posts, Beams, Lintels, etc Details: _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Owner's Initials /

Builder's Initials /

10. Carpentry

Required	Not Required	By Builder	By Owner
----------	--------------	------------	----------

NOTE: Timber sizes and framing to be in accordance with AS 1684 – Timber Framing Code or Timber Framing Manual or AS 1720 Timber Engineering Code.

10.1 Timber Framing - Stress Grade of Timber

Type / Details _____ seasoned / unseasoned

SEE SCHEDULE

10.2 Flooring - Internal

Timber T&G - Type: _____ Size: _____ x _____

Extent: _____

Sheet - Type & Extent: _____

Sheet - Type & Extent (Wet Areas): _____

10.3 Floor Finish - Internal

Basic Sanding to: _____

Fine Sanding to: _____

Applied Finish: _____

"The timber strip flooring we supply will be select / medium feature - standard / high feature, grade. Installation will be as per manufacturer's instructions and to accepted trade practices. Timber is a natural product and flaws of cracks within and between boards may occur. Such movement is caused by many factors including seasonal changes, sunlight, heating / cooling appliances, applied floor finishes, etc. While all care will be taken no responsibility will be accepted for any movement of the floor."

10.4 Flooring External

Type and Extent: _____

Finish: _____

10.5 Soffit Lining

Details: _____

Material: _____

10.6 Fascia

Type: Timber / Metal _____ Size: _____ x _____

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------



Owner's Initials _____ / _____

Builder's Initials _____ / _____

10. Carpentry (continued)

Required	Not Required	By Builder	By Owner
----------	--------------	------------	----------

10.7 External Cladding - Weatherboards

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Type of Timber: _____ Size: _____ x _____

Details: _____

10.8 Vertical Boarding

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Type of Timber: _____

Details: _____ Size: _____ x _____

_____ Size: _____ x _____

10.9 Other External Cladding

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Type: _____

Details: _____

10.10 Timber Framing Schedule

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Member	Size (mm)	maximum span (mm)		Maximum Spacing (mm)	Stress Grade	Table No.	
		Simply Supported	Continuous over 2 spans			TFM	AS 1684
Applicable to single storey and upper storey of two-storey construction only							
Stumps							
Bearers							
Floor Joists							
Top Plates							
Bottom Plates							
Studs (common)							
Jamb Studs (sides of openings)							
Lintels		For openings up to from to from to					
Noggings							
Bracing							
Ceiling Joists	NOTE:	13mm Plaster for 600mm Joist Spacing					
Hanging Beams		For spans up to from to from to					
Rafters							
Underpurlins							
Struts							
Ridge Hips Valleys							
Collar Ties							
Roof Battens							
Flooring							



Owner's Initials /

Builder's Initials /

11. Window Frames, Skylights, etc

Required	Not Required	By Builder	By Owner
----------	--------------	------------	----------

11.1 Window Frames

Material Type: _____

Location: _____

Sash Type: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

11.2 Fly wire Screens

Type: _____

Fly mesh Material: _____

Location: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

11.3 Skylights Type - Size Details

Location: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

12. Doors

12.1 External

Type 1: _____ Size: _____ x _____

Location and No.: _____

Frame Type: _____

Lock / Furniture: _____

Type 2: _____ Size: _____ x _____

Location and No.: _____

Frame Type: _____

Lock / Furniture: _____

Type 3: _____ Size: _____ x _____

Location and No.: _____

Frame Type: _____

Lock / Furniture: _____

Etc: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------



Owner's Initials /

Builder's Initials /

12. DOORS (continued)

Required	Not Required	By Builder	By Owner
----------	--------------	------------	----------

12.2 Internal

Type 1: _____ Size: _____ x _____
 Location and No.: _____
 Frame Type: _____
 Lock / Furniture: _____

Type 2: _____ Size: _____ x _____
 Location and No.: _____
 Frame Type: _____
 Lock / Furniture: _____

Type 3: _____ Size: _____ x _____
 Location and No.: _____
 Frame Type: _____
 Lock / Furniture: _____

Type 4: _____ Size: _____ x _____
 Location and No.: _____
 Frame Type: _____
 Lock / Furniture: _____

Type 5: _____ Size: _____ x _____
 Location and No.: _____
 Frame Type: _____
 Lock / Furniture: _____
 Etc: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

12.3 Garage Vehicle Door

Type: _____
 Details: _____ Size: _____ x _____
 Special Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

12.4 Garage Other Door

_____ Size: _____ x _____
 Lock / Furniture: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

13. Stairs and Steps (other than Concrete)

13.1 External Timber Stairs / Steps

Type of Timber: _____
 Details: _____
 Location: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

13. Stairs and Steps (continued)

Required	Not Required	By Builder	By Owner
----------	--------------	------------	----------

13.2 Internal Timber Stairs / Steps

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Type of Timber: _____

Details: _____

Location: _____

13.3 External Timber Ramps

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Type of Timber: _____

Details: _____

Location: _____

13.4 Balustrades

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Type: _____

Details: _____

13.5 Handrails

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Type: _____

Details: _____

13.6 Decks - Balconies

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Details: _____

14. Fixings

14.1 Architraves and Skirtings

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Architraves - Type: _____

Type of Timber: _____ Size: _____ x _____

Skirtings - Type: _____

Type of Timber: _____ Size: _____ x _____

14.2 Special Moulds or Other Details:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------



Owner's Initials /

Builder's Initials /

14. Fixings (continued)

Required	Not Required	By Builder	By Owner
----------	--------------	------------	----------

14.3 Pelments

To Sliding Doors: _____

Details: _____

To Windows in Rooms: _____

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

14.4 Bathroom Wall Cabinet

Type: _____ Size: _____ x _____

Doors: _____

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

14.5 Built-in Wardrobes and Cupboards

Bedroom/s (1): _____

Details: _____

Number of Doors: _____ Size of Doors: _____ x _____

Bedroom/s (2): _____

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Number of Doors: _____ Size of Doors: _____ x _____

Coats / Storage Cupboard

Details: _____

Number of Doors: _____ Size of Doors: _____ x _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Pantry (Built-in)

Details: _____

Number of Doors: _____ Size of Doors: _____ x _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Linen Cupboard

Details: _____

Number of Doors: _____ Size of Doors: _____ x _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Other Cupboards

Details: _____

Type of Doors: _____ Size of Doors: _____ x _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

14.6 Kitchen Cupboards

Cabinets:- Height of Bench Top above floor: _____ mm

Depth: _____ mm

Finish to Bench Top and Edges: _____

Finish to Internal Surfaces: _____

Type of Finish of Doors: _____



Owner's Initials /

Builder's Initials /

14. Fixings (continued)

Required	Not Required	By Builder	By Owner
----------	--------------	------------	----------

14.7 Laundry Cabinets

Type of Base (Cabinet): _____
 Finish to Bench Top and Edges: _____
 Cabinet Details and Finish: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

14.8 Bathroom Vanity Cabinet

Type of Base (Cabinet): _____
 Finish to Bench Top and Edges: _____
 Cabinet Details and Finish: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

14.9 En-suite Vanity Cabinet

Type of Base (Cabinet): _____
 Finish to Bench Top and Edges: _____
 Cabinet Details and Finish: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

14.10 Other Cabinets

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Note: Allow for installation of appliances referred to in these Specifications - eg. Stove, Rangehood, Fan, Dishwasher, Basins, Sinks, etc.
 * See Plumbing and Electrical Sections for these appliances.

15. Roofing

15.1 Roofing

Tile Type: _____
 Details: _____

 Corrugated Metal / Metal Deck Type: _____
 Colour: _____
 Details: _____

 Sarking Type: _____
 Extent: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

15.2 Spouting / Gutters

Type: _____
 Size: _____
 Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

15. Roofing (continued)

Required	Not Required	By Builder	By Owner
----------	--------------	------------	----------

15.3 Down Pipes

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Type: _____ Number of: _____

Size: _____

Details: _____

15.4 Roof Flashings

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Type: _____

Details: _____

16. Thermal Insulation

16.1 Insulation and / or Sarking for Walls

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Rating "R" _____ Type: _____

16.2 Insulation for Ceiling of Roof

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Rating "R" _____ Type: _____

16.3 Insulation for Floors

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Rating "R" _____ Type: _____

17. Electrical

17.1 Meter Box

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Type - Metal / Timber: _____ Location: _____

17.2 Switchboard

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Location: _____

Special Details: _____

Type of Protection - [Fuses] [Circuit Breakers] [Residual Current Devices (RCD)]

Details: _____

17. Electrical (continued)

Required	Not Required	By Builder	By Owner
----------	--------------	------------	----------

17.3 Light Outlets

Type: _____

Number of Outlets - Internal: _____

Number of Outlets - External: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

17.4 Switches

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

TYPE	COLOUR	NUMBER	HEIGHT
Architraves			
Wall Mounted			
Two Way			
Dimmer			
External Weather-Proof			

Other Special Details: _____

17.5 General Power Outlets

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

TYPE	COLOUR	NUMBER	HEIGHT
Single			
Double			
External Weather-Proof			

Other Special Details: _____

17.6 Outlets / Wiring Connections to:- (including Telephone, Fax, TV, Computers, Security, Audio)

Air Conditioning Qty: _____

Space Heater Qty: _____

Heating Unit Qty: _____

Range Hood Qty: _____

Exhaust Fan/s Qty: _____

Ceiling Fan/s Qty: _____

Intercom System Qty: _____

Television Antenna (Pre-wiring) Qty: _____

Cable Television (Pre-wiring) Qty: _____

Electric Bell Qty: _____

Security System Qty: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Owner's Initials _____ / _____

Builder's Initials _____ / _____

18. Electronic Services

Required	Not Required	By Builder	By Owner
----------	--------------	------------	----------

18.1 Intercom / Electric Bell

Type: _____
 Main Console: _____
 To Rooms: _____
 Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

18.2 Security System

Type: _____
 Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

18.3 Other

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

19. Plastering (Solid and Board)

19.1 External Rendering

Details: _____

 Type of Finish: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

19.2 Internal Solid Plaster

Details: _____

 Type of Finish: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

19.3 Plaster Sheet:- Plasterboard / Plaster glass / Fibrous Plaster / WR Board

Details: _____

 mm thick for Walls: _____ mm thick for Ceilings: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

19.4 Ceiling Plasterboard Fixed to Joists / Timber Battens / Steel Selections

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------



Owner's Initials /

Builder's Initials /

21. Sanitary Plumbing and Gas Fitting (cont)

Required	Not Required	By Builder	By Owner
----------	--------------	------------	----------

Note: The following items shall be included in the Contract Sum and shall be supplied and installed by the Builder.

Where any item included in this Schedule is to be supplied by the Owner, it shall be marked "Owner Provides" and shall be fixed by the Builder unless otherwise stated.

Builder to provide warranty and service documents where they are provided by the manufacturer.

21.2 Hot Water Unit

Type: _____

Capacity: _____ Litre(s) _____

Location: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

21.3 Sanitary Fixtures

Toilet Suite 1

Type: _____

Colour: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Toilet Suite 2

Type: _____

Colour: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Toilet Suite 3

Type: _____

Colour: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Bidet

Type: _____

Colour: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Bath

Type: _____

Size: _____ x _____

Colour: _____

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Shower Base 1

Type: _____

Size: _____ x _____

Colour: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Shower Base 2

Type: _____

Size: _____ x _____

Colour: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Shower Base 3

Type: _____

Size: _____ x _____

Colour: _____

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------



Owner's Initials /

Builder's Initials /

21. Sanitary Plumbing and Gas Fitting (cont)

Required	Not Required	By Builder	By Owner
----------	--------------	------------	----------

21.3 Sanitary Fixtures (continued)

Basin 1

Type: _____

Size: _____ x _____

Colour: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Basin 2

Type: _____

Size: _____ x _____

Colour: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Basin 3

Type: _____

Size: _____ x _____

Colour: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Kitchen Sink

Type: _____

Location: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Sink (other)

Type: _____

Location: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Other Fixtures

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

21.4 Gas / Electric Appliances

Stove Type: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Hot Plates Type: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Wall Oven Type: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Heater Type: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Other _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Specials Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

21.5 Dishwashing Machine

Type: _____

Connected by: _____

Location: _____



Owner's Initials /

Builder's Initials /

21. Sanitary Plumbing and Gas Fitting (cont)

Required	Not Required	By Builder	By Owner
----------	--------------	------------	----------

21.6 Garbage Disposal Unit

Type of Unit: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

21.7 Rangehood

Type of Unit: _____
 Colour: _____
 Details: _____

 Re-circulation / Discharge To: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

21.8 Other

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

22. Heating and Air Conditioning

22.1 Central Heating Unit

Type of Unit: _____

 Capacity: _____
 Ducting to: _____

 Floor Registers: _____

 Wall Registers: _____

 Ceiling Registers: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

22.2 Other Types of Heating (Hydronic - Solar Wall Furnaces, etc)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------



Owner's Initials /

Builder's Initials /

22. Heating and Air Conditioning (continued)

Required	Not Required	By Builder	By Owner
----------	--------------	------------	----------

22.3 Cooling Unit

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Type of Unit: _____

Capacity _____

Details: _____

Outlets: _____

22.4 Special Stoves / Heaters / Solid Fuel Heaters

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Type of Unit: _____

Installation Details: _____

23. Ducted Vacuum

23.1 Ducted Vacuum

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Type of Unit: _____

Location: _____

No. and Location of Outlets: _____

Fittings: _____

23.2 Ducted Vacuum Accessories

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Details: _____



Owner's Initials /

Builder's Initials /

25. Tiling Schedule

25.1 Bathroom 1

Description	Area / Pieces	Allow	
		Supply	Lay
Floor			
Wall			
Border			
Capping			

25.2 Bathroom 2

Floor			
Wall			
Border			
Capping			

25.3 Bathroom 3

Floor			
Wall			
Border			
Capping			

25.4 Kitchen

Floor			
Wall			
Border			
Splashback			

25.5 Family / Meals Area

Floor			
Border			

25.6 Entry

Floor			
Border			

25.7 Laundry

Floor			
Wall			
Border			
Splashback			

Other

25.8 Provisional sum for laying of tiles: \$ _____



Owner's Initials /

Builder's Initials /

26. Floor Covering other than Ceramic Tiles

Required	Not Required	By Builder	By Owner
----------	--------------	------------	----------

26.1 Vinyl Sheet - Vinyl Tiles - Cork Tiles

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

26.2 Underlay

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

26.3 Carpet

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

26.4 Other (Floating Timber, Parquetry, etc)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

27. Glazing

NOTE: Glazing - External Glass to suit Terrain Category.

27.1 Glass Doors and Sidelights

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

27.2 Shower Screens and / or Doors

Details: _____

Frame Type: _____

Finish: _____

Colour: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

27.3 Windows

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

27.4 Specific Glazing

To: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

27.5 Mirrors

To: _____

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------



Owner's Initials

Builder's Initials

28. Fencing & External Property Requirements

Required	Not Required	By Builder	By Owner
----------	--------------	------------	----------

28.1 Fencing

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Type of Fencing to Adjoining Properties: _____

Height: _____ Total Length: _____

Cost per metre \$ _____

Details: _____

28.2 Front Fencing

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Type of Fencing: _____

Height: _____ Total Length: _____

Cost per metre \$ _____

Details: _____

28.3 Other Fencing

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Details: _____

Height: _____ Total Length: _____

Cost per metre \$ _____

28.4 Gates

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Type: _____

Size: _____ To: _____

Type: _____

Size: _____ To: _____

28.5 Clothesline

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Details: _____

28.6 Letterbox

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Details: _____



Owner's Initials /

Builder's Initials /

28. Fencing & External Property Req. (continued)

Required	Not Required	By Builder	By Owner
----------	--------------	------------	----------

28.7 Pool

Details: _____

Spa: _____

Other: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

28.8 Pool Fencing and Gates

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

28.9 Spa Fencing and Gates

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

28.10 Retaining Wall

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

28.11 Garden Sprinklers

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

28.12 Landscaping

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

28.13 Barbecue

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

28.14 Other Special Paving Requirements

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------



Owner's Initials /

Builder's Initials /

29. Attached and Detached Dwellings

Required	Not Required	By Builder	By Owner
----------	--------------	------------	----------

29.1 Garage - Carport - Shed - Other

Details: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Footings: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Floor: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Wall: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Roof: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Ceiling: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Electrical: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Plumbing: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Special Details for Buildings: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------



Owner's Initials

Builder's Initials

31. Prime Cost Schedule (Fittings and Fixtures)

These Schedules are to be read in conjunction with the relevant Clause(s) of the General Conditions of the Building Contract.

Schedule Number	Reference Number in Spec's	Description of each PRIME COST ITEM	BUILDER'S Supply Allowance	Quantity of Components or MATERIALS	PRIME COST Allowance
1.		A.	\$		\$
2.		B.	\$		\$
3.		C.	\$		\$
4.		D.	\$		\$
5.		E.	\$		\$
6.		F.	\$		\$
7.		G.	\$		\$
8.		H.	\$		\$
9.		I.	\$		\$
10.		J.	\$		\$
11.		K.	\$		\$
12.		L.	\$		\$
13.		M.	\$		\$
14.		N.	\$		\$
15.		O.	\$		\$
16.		P.	\$		\$
17.		Q.	\$		\$
18.		R.	\$		\$
19.		S.	\$		\$
20.		T.	\$		\$
21.		U.	\$		\$



Owner's Initials

Builder's Initials

32. Provisional Sums Schedule (Labour and Materials)

These Schedules are to be read in conjunction with the relevant Clause(s) of the General Conditions of the Building Contract.

Schedule Number	Reference Number In Specs	Description of each PROVISIONAL SUM	BUILDER'S Supply Allowance	Quantity of Components or MATERIALS	PRIME COST Allowance
1.		A.	\$		\$
2.		B.	\$		\$
3.		C.	\$		\$
4.		D.	\$		\$
5.		E.	\$		\$
6.		F.	\$		\$
7.		G.	\$		\$
8.		H.	\$		\$
9.		I.	\$		\$
10.		J.	\$		\$
11.		K.	\$		\$
12.		L.	\$		\$
13.		M.	\$		\$
14.		N.	\$		\$
15.		O.	\$		\$
16.		P.	\$		\$
17.		Q.	\$		\$
18.		R.	\$		\$
19.		S.	\$		\$
20.		T.	\$		\$
21.		U.	\$		\$



Owner's Initials /

Builder's Initials /

NOTES

Lined area for notes, consisting of a large rectangular box with horizontal ruling lines.



Owner's Initials

Builder's Initials