

**A. Estate:**

Lot No:		Precinct / Stage No:	
Name of Owner:			
Mailing Address:			Postcode:
Telephone (home):	Telephone (bus):	Mobile:	
E-mail:		Facsimile:	

**ROOF MATERIAL**

Manufacturer	Concrete or Terracotta	Profile	Colour	Sample Given
				Yes <input type="checkbox"/>
				No <input type="checkbox"/>

**FACE BRICK WORK**

Manufacturer	Colour	Code	Sample Given
			Yes <input type="checkbox"/>
			No <input type="checkbox"/>

**MAIN RENDER**

Manufacturer	Colour	Code	Sample Given
			Yes <input type="checkbox"/>
			No <input type="checkbox"/>

**FEATURE RENDER FINISH 1**

Manufacturer	Colour	Code	Sample Given
			Yes <input type="checkbox"/>
			No <input type="checkbox"/>

**FEATURE RENDER FINISH 2**

Manufacturer	Colour	Code	Sample Given
			Yes <input type="checkbox"/>
			No <input type="checkbox"/>

**WEATHERBOARD/LIGHTWEIGHT**

Manufacturer	Colour	Code	Sample Given
			Yes <input type="checkbox"/>
			No <input type="checkbox"/>

**FEATURE STONEMWORK**

Manufacturer	Colour	Code	Sample Given
			Yes <input type="checkbox"/>
			No <input type="checkbox"/>

**FASCIA COLOUR**

Manufacturer	Colour	Code	Sample Given
			Yes <input type="checkbox"/>

**DOWNPIPES**

Manufacturer	Colour	Code	Sample Given
			Yes <input type="checkbox"/>

**GUTTER COLOUR**

Manufacturer	Colour	Code	Sample Given
			Yes <input type="checkbox"/>

**WINDOW TRIM COLOUR - FRONT**

Manufacturer	Colour	Code	Sample Given
			Yes <input type="checkbox"/>

**WINDOW TRIM COLOUR – SIDE & REAR**

Manufacturer	Colour	Code	Sample Given
			Yes <input type="checkbox"/>

**FRONT DOOR COLOUR**

Manufacturer	Colour	Code	Sample Given
			Yes <input type="checkbox"/>

**GARAGE DOOR COLOUR**

Manufacturer	Colour	Code	Sample Given
			Yes <input type="checkbox"/>

**BALUSTRADE**

Manufacturer	Colour	Code	Sample Given
			Yes <input type="checkbox"/>

**POSTS & PIERS**

Manufacturer	Colour	Code	Sample Given
			Yes <input type="checkbox"/>

**HANDRAIL**

Manufacturer	Colour	Code	Sample Given
			Yes <input type="checkbox"/>

**DRIVEWAY COLOUR**

Manufacturer	Colour	Code	Sample Given
			Yes <input type="checkbox"/>
			No <input type="checkbox"/>

**OTHER :**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_