



# Home Builder's Checklist

## The Builder:

Do they have a Gold Licence number:

Yes  No

Builder's name: \_\_\_\_\_

House design name: \_\_\_\_\_

Basic sale price: \_\_\_\_\_

House size (square metres): \_\_\_\_\_

Estimate site costs: \_\_\_\_\_

Approximate time to build (in weeks): \_\_\_\_\_

How long will the plans be in council? \_\_\_\_\_

Is it a fixed price contract? \_\_\_\_\_

How does their progress payment system work? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What warranties are given by the builder? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the builder supply any additional features (e.g. turf, driveway)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Notes:

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## Inclusions:

(Builder or Builder's Package)

	Standard	Additional	(\$ Cost)
Double Power Points	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Clothes Hoist	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Fencing	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Light Fittings	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Stove/Oven	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Concrete paths and driveways	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Carpet	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Ducted Vacuum System	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Double Garage	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
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Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
			Total \$ _____