



ABN 25025734026
Registered Building Practitioner CB-L 41710
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Name:		Date:	
		Shed <input type="checkbox"/>	Repairs <input type="checkbox"/> Material Order <input type="checkbox"/>
Phone :	email	Building Permit Required	Yes / No *
Site Address		* Planning permits are to be applied for by the client.	
Shed Size			
Shed Type	Hay. <input type="checkbox"/> Machinery <input type="checkbox"/> Storage <input type="checkbox"/> Other <input type="checkbox"/>		
Wall Layout	Number of Walls _____. / Fully Enclosed <input type="checkbox"/>		
Wall Profile	Zinc/ Colour.* _____ Sureclad/Corrugated	* Full Colorbond Colour range available	
Roof Type	Gable / Skillion		
Roof Profile	Zinc/ Colour.* _____ Sureclad/Corrugated	* Full Colorbond Colour range available	
Doors	Roller/Sliding _____(Size) _____(number		

Message: