

# DRAFTING INSTRUCTION CHECKLIST

# Stanfield's

REAL PROPERTY DRAFTING

The Stanfield Family Trust T/A  
ABN 36 569 693 070

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*Company* \_\_\_\_\_

*Contact* \_\_\_\_\_

*Ref No.* \_\_\_\_\_

*Order No.* \_\_\_\_\_

*Date* \_\_\_\_\_

**PROJECT** PLEASE TICK APPROPRIATE BOXES AND RETAIN A COPY FOR YOUR OWN RECORDS AS THIS WILL NOT BE RETURNED

SURVEY PLAN	Standard <input type="checkbox"/>				
	Building <input type="checkbox"/>				
	Volumetric <input type="checkbox"/>				
LEASE PLAN	Land <input type="checkbox"/>				
	Building <input type="checkbox"/>				
MASTER PLAN	<input type="checkbox"/>				
IDENTIFICATION SURVEY	<input type="checkbox"/>				
EXCLUSIVE USE PLAN	<input type="checkbox"/>				
SERVICE LOCATION DIAGRAM	<input type="checkbox"/>				
PERMANENT MARK SKETCH	<input type="checkbox"/>				
SALES PLAN	<input type="checkbox"/>				
DETAIL PLAN	<input type="checkbox"/>				
PROPOSAL PLAN	<input type="checkbox"/>				
BASE PLAN	<input type="checkbox"/>				
DISCLOSURE PLANS	<input type="checkbox"/>				
OTHER	<input type="checkbox"/>				

**SIZE**

A4	<input type="checkbox"/>
A3	<input type="checkbox"/>
A2	<input type="checkbox"/>
A1	<input type="checkbox"/>
B1	<input type="checkbox"/>
A0	<input type="checkbox"/>
Scale	_____

**SUPPLIED**

SKETCH <input type="checkbox"/>	Title of Plan <input type="checkbox"/>	Locality <input type="checkbox"/>	
	Cancelling Clause <input type="checkbox"/>	Surveyed By <input type="checkbox"/>	
	Meridian <input type="checkbox"/>	Surveyed Date <input type="checkbox"/>	
RELEVANT SEARCHES <input type="checkbox"/>			
CURRENT TITLE <input type="checkbox"/>	Freehold <input type="checkbox"/>	Crown <input type="checkbox"/>	
CURRENT SMARTMAP <input type="checkbox"/>			
DIGITAL FILE	Disk <input type="checkbox"/>		
	Email <input type="checkbox"/>		
BARCODE NUMBER	Supplied <input type="checkbox"/>	Your Reserved No. _____	Reserved No. by Stanfield's _____
PREVIOUS STANFIELD REF'S OF PROJECTS OVER SITE OR NEIGHBOURING LOTS <input type="checkbox"/>	Ref No's. _____		

**PLEASE SUPPLY** (TICK EVERYTHING THAT WILL BE REQUIRED)

<b>CHECK PLOT</b>	DIGITAL Acad Dwg <input type="checkbox"/> Other <input type="checkbox"/> PDF <input type="checkbox"/> Specify .....	HARDCOPY Fax <input type="checkbox"/> Post <input type="checkbox"/> Courier <input type="checkbox"/> Collection <input type="checkbox"/>
<b>FINAL PLAN</b> Paper <input type="checkbox"/> Card <input type="checkbox"/> Film <input type="checkbox"/>	DIGITAL Acad Dwg <input type="checkbox"/> Other <input type="checkbox"/> PDF <input type="checkbox"/> Specify .....	HARDCOPY Post <input type="checkbox"/> Express Post <input type="checkbox"/> Courier <input type="checkbox"/> Collection <input type="checkbox"/>

NUMBER OF ADDITIONAL COPIES REQUIRED ..... OTHER REQUIREMENTS .....

SPECIAL NOTES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

P.T.O.

URGENCY

NOT VERY  1-2 weeks

NORMAL  4-5 days

URGENT  2-3 days

IMPOSSIBLE  Start immediately

DATE REQUIRED \_\_\_\_\_

TIME REQUIRED \_\_\_\_\_

PLEASE SUPPLY DATE / TIME ONLY IF IT IS DEFINITELY REQUIRED BY THEN