

**BASIX CHECKLIST**

CLIENT NAME:.....COUNCIL:.....POSTCODE:.....DP:.....

**BUILDING PREFERENCES**

External Wall Colour: Light / Medium / Dark  
 External Roof Colour: Light / Medium / Dark

Floor Coverings: Carpet / Parquetry / Tiles / Vinyl

Entry: \_\_\_\_\_ Lounge: \_\_\_\_\_  
 Dining: \_\_\_\_\_ Family: \_\_\_\_\_  
 Kitchen: \_\_\_\_\_ Halls: \_\_\_\_\_  
 Bedrooms: \_\_\_\_\_ Study: \_\_\_\_\_

Cook top: Gas / Electric      Oven: Gas / Electric

Areas where Fluorescent Lights will be used:

Entry: \_\_\_\_\_ Lounge: \_\_\_\_\_ Dining: \_\_\_\_\_ Family: \_\_\_\_\_  
 Kitchen: \_\_\_\_\_ Halls: \_\_\_\_\_ Bedrooms: \_\_\_\_\_ Study: \_\_\_\_\_

Cooling Types:

Living: None / Ducting only  
 Ceiling Fans  
 Air Conditioning \_\_\_\_\_ EER  
 Air Con. with Ceiling Fans \_\_\_\_\_ EER

Bedroom: None / Ducting Only  
 Ceiling Fans  
 Air Conditioning \_\_\_\_\_ EER  
 Air Con. with Ceiling Fans \_\_\_\_\_ EER

Heating Types:

Living: None / Ducting Only  
 Wood Heater  
 Gas Fixed Flue Heating  
 R/C Air Conditioning \_\_\_\_\_ EER

Bedrooms:  
 None / Ducting Only  
 Wood Heater  
 Gas Fixed Flue Heating  
 R/C Air Conditioning \_\_\_\_\_ EER

Is your air conditioner: Single Phase  
 Three Phase

Is your air conditioner day / night zoned: Y / N

Clothes Drying:

Fixed Indoor Drying Line / Outdoor Clothes Line / Both

Exhaust Fans: / Parquetry

Bathrooms: Y / N      externally ducted: Y / N  
 Kitchen: Y / N      externally ducted: Y / N

Hot Water Unit Type:

- Electric Storage
- Electric Instantaneous
- Wood Combustion
- Electric Heat Pump \_\_\_\_\_ REC's
- Gas Storage \_\_\_\_\_ Stars
- Gas Instantaneous \_\_\_\_\_ Stars
- Solar Electric Boost \_\_\_\_\_ REC's
- Solar Gas boost \_\_\_\_\_ REC's

**SITE PREFERENCES**

Area of garden and lawn to be watered: \_\_\_\_\_ m2

Is town water available: Y / N  
 Connected to: Garden / Toilets / Laundry / Hot water / Cold water

Rain Water tanks: Y / N      Volume: \_\_\_\_\_ m3  
 Connected to: Garden / Toilets / Laundry/ Hot water / Cold water

Storm water tanks: Y / N  
 Rain water tank diverted to storm water tank: Y / N

Grey water treatment: Y / N      Grey water diversion: Y / N  
 Dam: Y / N      Reticulated alternative water supply: Y / N

Are you installing an outdoor Pool: Y / N      Spa: Y / N

Pool Volume: \_\_\_\_\_ m3      Spa Volume: \_\_\_\_\_ m3  
 Will the pool have a cover: Y / N      Will the pool be shaded: Y / N  
 Will the pool or spa be topped up by the rain water tank: Y / N  
 Will the pump be controlled by a timer: Y / N  
 Type of heating system:  
 None / Solar only / Solar gas boosted / Solar electric boosted /  
 Electric Heat pump / Electric resistance / Gas

Please Note: The above specifications will be documented on your council plans and compliance will be enforced. If preferences change reassessment will be required at the customer's expense.