

S33673

1st call of 1

Notes for Measure

Estimator: Jack

Mrs A Theodossi, 106 Palewell Park

Date of Measure: Fri, 14 Oct 22

At: 8.45am to 09.30am

Site Address:
106 Palewell Park

Customer Address:
106 Palewell Park

LONDON SW14 8JH

LONDON SW14 8JH

CONTACT: As customer details

Mobile	Home	Office
07801-748841		

Email:
annetheodossi@gmail.com

Areas to be done and Description of Measure

AOS Designatex col Manhattan Limestone Kitchen & WC ground / TOP FLOOR BATHROOM

Instructions and Estimators comments

Charlie RESERVED 2nd NOV slots 3 -7 Please allow a discount reference goodwill gesture

Must Read!

KEYS

Office Ref: S33673

Mrs A Theodossi, 106 Palewell Park

of Measure Fri, 14 Oct 22

At 8.45am to 09.30am

Wood / Concrete / other Part Kitchen + An WC Area

edge: Wood/Concrete/No pin/existing (if existing, allow __ sticks to supplement where necessary)

Sticking Req'd: Yes/No Type: Fastset/Other

Underlay: Re-use Existing / New required → Ex Ply/Screens

Type: 42oz Felt / Fomalux / PU Foam / Luxury PU Foam / LowTog / Durafit

Doorbars: Alloy / Satin Ali / Polished Ali / Anod / Solid Brass / Chrome / Nisheen Seam/Wood/T/Holds: colour _____

Door Clearance: OK / Low (advise on quote)

Uplift: No / Yes (if "Yes" - what type?) Varyc Down

Furniture: No/Yes (if YES, please specify the following) - 1 man / 2 men (Fitter to get paid) £_____ total/per room

Parking Cost: Free / £_____ per hour

Parking Restrictions: (type) / £ Driveway?

MACHINES
x 5 - KITCHEN ONLY

Congestion Zone: No / Yes

Access: Easy / Hard / 2 men req'd / Ground + Top floor?

Runners: Whipping / Binding (if binding, specify type)

Tape size: 1½" / 2" / 3" / 5"

Style: Top taping / Side binding

Stairrods: Type _____ Nr _____ Size _____

Must Read: KEYS

Job No: 533673

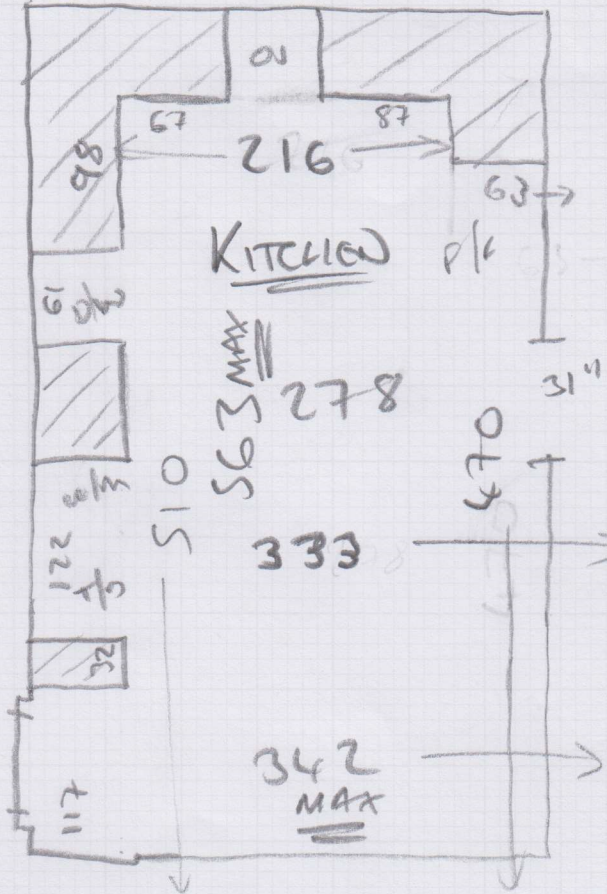
Name: THEODOSSIS

Address:

Tel:

Sheet:

of:



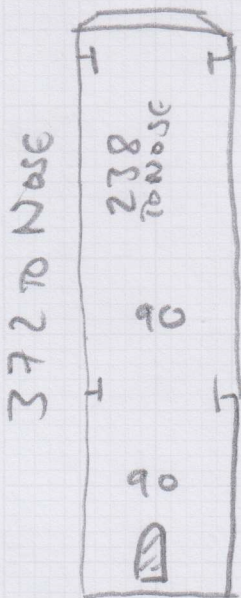
WOOD
EX. PLY

SOLID
253

↑
ex ls
FRAM TIM
RAISED
UP.

RUSEN = 10 x 69

CURRANT NOSING
IS BLACK PVC



WC

SOLID SURF-FLOOR

WET! - RADPIRES?!

Job No: 533673
Name: Theodosi
Address: _____
Tel: _____
Sheet: _____ of: _____

Top Floor Bathroom

