NO.	$\label{eq:RM} \begin{array}{lll} \text{Scale:1sq} = 6'' \\ \text{Page} & \text{of} \\ \text{Date:} \end{array}$		SKETCH FORM	
	Date :	t Name Property Address	Client Name	
Wall				
Chimney				
Chimney				
Window				
Door				
Double Do				
Basin				
Basin Uni				
Shower				
Bath				
WC				
Sink				
000				
Stove				
Cabinet Do				
Double Cabinet Do				
Cabinet Bo				
Skylight				
Garden				
Stair				
Sliding Do				
IN				
Entrance				
N				
North Poir				