



Pro Draft ~ Professional Drafting & Design, Inc.

Phone: (808) 579-9050  
Fax: (808) 579-9919  
Email: Robert@ProDraft.net  
38 Kaiea Place, Suite 1  
Paia, Maui, HI. 96779

## Work Order Check List

*Customer:* \_\_\_\_\_

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

*Address:* \_\_\_\_\_

*Phone:* \_\_\_\_\_

*Project:* \_\_\_\_\_

### Check all included

— **Digital Topographical Survey & Site Plan:** Showing all existing Buildings, Easements, Setbacks, Roads & Driveways, Septic Systems and Utilities. We also want to identify Trade winds direction, sunrise and sunset horizons and all view directions and privacy issues of the Building Site.

— **Digital Site Photos:** Lots of Photos to include, 360 degree Panoramic shots from building site, Shots of building site from Street (s), If any buildings currently exist on site get shots of all exterior sides of building. Shots of surrounding neighborhood houses and mailboxes if applicable. You can also take photos of things you like that you want to incorporate into your design.

— **All available material on the property:** Copy of CC&R's and Design Guidelines including all required applications of Home Owners Assn. Design Review Committee if applicable. Plot Plans, Site Plans, Blueprints or Plans of existing structures, Septic System plans and location and typical weather patterns. Basically everything you can get your hands on that might be helpful.

— **Sketches, Material Samples, Magazine Clippings etc.:**  
Show us what you have in mind

— **Notarized Letter of Authorization:**  
Included in this Package, This item must be notarized.

— **Complete Application, Sign Contract & include Deposit:**  
Minimum Work Order Deposit is \$1,000.00, Deposits accepted up to 50% of Job estimate.  
Make Checks Payable to: Pro Draft, Inc.

Thank you,  
for your business





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## Project Specifications

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Site Address: \_\_\_\_\_

TMK #: \_\_\_\_\_

Project: \_\_\_\_\_

Lot Size; \_\_\_\_\_  
 Set Backs: \_\_\_\_\_  
 Zoning: / SMA District: \_\_\_\_\_  
 Water Supply / Meter Size: \_\_\_\_\_  
 Septic / Wastewater: \_\_\_\_\_  
 Existing Structures: \_\_\_\_\_  
 \_\_\_\_\_  
 Style of Architecture: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Proposed Sq. Ft. \_\_\_\_\_  
 Number of Floors: \_\_\_\_\_  
 Garage / Size: \_\_\_\_\_  
 Garage Storage / Size: \_\_\_\_\_  
 Barn or Shed / Size: \_\_\_\_\_  
 No. of Bedrooms: \_\_\_\_\_  
 No. of Full Baths: \_\_\_\_\_  
 No. of Half Bath: \_\_\_\_\_  
 Office / Den: \_\_\_\_\_  
 Formal Dining Rm.: \_\_\_\_\_  
 Family Rm.: \_\_\_\_\_  
 Living Rm.: \_\_\_\_\_  
 Kitchen: \_\_\_\_\_  
 Pantry /Size: \_\_\_\_\_  
 Lanai / Porch: \_\_\_\_\_  
 Deck: \_\_\_\_\_  
 Laundry Rm. \_\_\_\_\_  
 Entryway: \_\_\_\_\_  
 Sky Lights: \_\_\_\_\_  
 Sola Tubes: \_\_\_\_\_  
 Pool / Size: \_\_\_\_\_  
 Utility Closets: \_\_\_\_\_  
 Special needs: \_\_\_\_\_  
 \_\_\_\_\_

**Foundation Type:**  
 Concrete Slab, Post & Pier:

**Construction Type:**  
 Wood Stud, Metal Box Stud, Steel Frame,  
 Concrete, ACC, Other:

**Exterior Siding:**  
 Lap, Vertical, Plank, Brd & Bat. Wood, Stucco or  
 Cement type Siding, Other:

**Exterior Trim:**  
 Wood, Composite, Stucco, Tile, Copper or Other:

**Roof; Type, Pitch & Overhang:**  
 Hip, Gable, Dutch Gable, Shed Roof, Dormors

**Roofing Material:**  
 Composition Shingle, Tile, Metal, Hot Swapped  
 Asphalt, Green or Grass Roof.

**Ceiling Heights, Materials & Soffits :**

**Door Types, Sizes, Heights & Materials**

**Window Types, Sizes, Heights & Materials**

**Preferred Railing Types:**

**Exterior Railings:** Cable Wire, Glass, Vertical or  
 Horizontal Frame of Wood, Steel or Composite.  
 Match Exterior Siding,

**Interior Railing:** Cable Wire, Glass, Vertical or  
 Horizontal Frame of Wood, Steel or Composite.  
 Match Interior Wall Board,



## LETTER OF AUTHORIZATION

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**Subject:** Letter Of Authorization  
To Obtain A Building And Planning Dept. Permits

**Property Owner(s):** \_\_\_\_\_  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**TMK #:** \_\_\_\_\_

To Whom It May Concern:

I authorize Pro Draft~ Professional Drafting & Design Inc. to act and sign on my behalf in obtaining a building and planning department permits on the subject property.

I certify that I am the owner of the property for which the permit is to be issued.

\_\_\_\_\_  
Notarized Signature of Owner(s)

\_\_\_\_\_  
Print Name(s)

\_\_\_\_\_  
Date



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# Work Order Contract

**Name:** \_\_\_\_\_ **Hm Phone:** \_\_\_\_\_  
**SS#:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Wk Phone:** \_\_\_\_\_  
**e-Mail:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Hm Phone:** \_\_\_\_\_  
**SS#:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Wk Phone:** \_\_\_\_\_  
**e-Mail:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Project Address:** \_\_\_\_\_ **TMK#:** \_\_\_\_\_  
 \_\_\_\_\_ **Zoning:** \_\_\_\_\_  
 \_\_\_\_\_ **Water Meter:** \_\_\_\_\_  
**Sewer:** \_\_\_\_\_

\_\_\_\_\_ I request that Pro Draft commence work on the above project. I understand the cost of this  
 Initial drafting project is \$75.00 per hour with a job estimate of \$1.50 to \$2.50 per sq. ft. This estimate  
 does not include changes required by the owner(s), architect, homeowner's association design  
 & review committee if applicable, building dept., or contractors. All changes/revisions, site visits  
 and design consultations are billed at \$75.00 per hour.

\_\_\_\_\_ I understand there are additional fees including but not limited to the architect, homeowners  
 Initial association design review committee if applicable, building permit, and in-house & out-sourced  
 printing services. I agree to pay all additional project fees directly to the service providers.

\_\_\_\_\_ I also understand that I may be required to make alterations to the building(s) as required by the  
 Initial architect, design review committee and or building dept. for CCNR design guidelines and or  
 Maui County/UBC code compliance. The drafting/construction costs of which are not the  
 responsibility of Pro Draft. I, the owner/customer assume full responsibility for all such costs.

\_\_\_\_\_ I have included a deposit of \$\_\_\_\_\_. (Min. \$1,000.) All of which is applied in full and  
 Initial solely towards Pro Draft services. Deposits are refunded on a pro-rated basis at the above  
 described rates for all work performed up to the time of cancellation. Payments for services  
 thereafter are billed on a monthly basis. All payments are due in full within 14 days of invoice  
 date. Any payment more than 45 past due, shall be charged a late fee of \$45.00 per month. or 10% of outstanding  
 balance per month, whichever is more, until balance and accumulated late fees are paid in full.

I \_\_\_\_\_ have read, initialed and agreed to  
 (Print Full Name) the terms of this work order contract.  
 \_\_\_\_\_  
 Customer Signature \_\_\_\_\_  
Date

I \_\_\_\_\_ have read, initialed and agreed to  
 (Print Full Name) the terms of this work order contract.  
 \_\_\_\_\_  
 Customer Signature \_\_\_\_\_  
Date