



Name: _____

Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

HOME DESIGN QUESTIONNAIRE

► Please check the box(es) next to your preference(s) in each category

Exterior Walls

- 2 x 4 Wood Frame 2 x 6 Wood Frame Concrete Block

Siding Material

- Vinyl Brick Partial Height Brick (front only) Stucco Other _____

Roof Design

- Gable Roof Hip Roof

Roof Pitch

- 4-12 5-12 6-12 7-12 8-12

Floor Design

- Concrete Slab Wood Sub-Floor on Joists with Crawl Space Wood Sub-Floor on Joists with Basement

Ceiling Type

- Flat Ceilings 8' High (or ____ High) Cathedral Ceilings Cathedral Ceilings in _____ specify rooms

Patio Doors (if applicable)

- Sliding Glass Doors French Doors

Closet Doors (for non-walk in closets)

- Sliding Doors Bi-fold Doors

Fireplace

- None Wood Burning Gas Electric (Show desired location on plans)

Windows

- Bay Window – Where? _____ Size _____ (Also show the other window sizes you prefer on plans)

Switch Controlled Electrical Outlets

- Bedrooms Living Room Family Room (Mark on plans the outlets you want to be switch controlled)

Ceiling Fans

- All Rooms Bedrooms Kitchen Living Room Family Room Dining Room Other _____

Kitchen Options

- Garbage Disposal Light above Sink Dishwasher Icemaker

Phone Jack Locations

- All Rooms Bedrooms Kitchen Living Room Family Room Other _____

TV Jack Locations

- All Rooms Bedrooms Kitchen Living Room Family Room Other _____

Wired for Garage Door Opener (if applicable)

- Yes No