



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 (if applicable)
 Wood Burning Gas Electric (Please show desired location on mark-up plans)

Windows
 Bay Window? _____ (Also, on the plans, write the other window sizes you want)
desired location and size
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

