

Client Name: _____

Site Address: _____

Description of Project: _____ Budget (inc siteworks): _____

Shire: _____ Zoning: _____

Do you have any plans with design ideas you like? Y N

Do you have any covenants or guidelines? Y N

Do you have a survey already? Y N

Elevations

Traditional Y N Notes: _____

Hamptons Y N Notes: _____

Rural Y N Notes: _____

Modern Skillion Y N Notes: _____

Modern Contemporary Y N Notes: _____

Other Y N Notes: _____

Entry

Portico Y N Notes: _____

Front Entry Y N Notes: _____

Side Entry Y N Notes: _____

Dropzone Y N Notes: _____

Recesses Y N Notes: _____

Door Size Notes: _____

Entry Width Notes: _____

Staircase

Open Stairs Y N Notes: _____

Straight Run Y N Notes: _____

L-Shape Y N Notes: _____

U-Shape Y N Notes: _____

Type of Balustrade Notes: _____

Garage/Store

Floor: **B** 1 2 3

Garage	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear Access	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
Into House Access	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
Store	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formal Entry	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
WIL/BIL	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				

Kitchen/Scullery

Floor: **B** 1 2 3

Kitchen	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waterfall Edges	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
Undermount Sink	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
Splashback Window	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
Wall Oven	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
UBO	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
WIP	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
Scullery	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher Recess	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
Undermount Sink	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
Splashback Window	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
Wall Oven	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
UBO	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
WIP	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				

Living Areas

Floor: **B** 1 2 3

Home Theatre	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recess Ceiling	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
Raised Seating	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
Sunken Seating	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
Games Room	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool Table	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
Bar	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
Storage	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				

Living Areas continued...

Floor: **B** 1 2 3

Living	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open Plan	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
TV Recess	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
Dining	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furniture Recess	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
Table Size/Shape			Notes: _____				
Sitting	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open Plan	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
TV Recess	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				

Outdoor Living

Floor: **B** 1 2 3

Alfresco	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor Kitchen	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
Servery Window	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
Pool	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location			Notes: _____				
Balcony	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor Kitchen	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
Servery Window	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				

Master Bedroom

Floor: **B** 1 2 3

Bedroom	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting / Retreat	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
WIR / BIR	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
Ensuite	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Vanity	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
Double Shower	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
Separate WC	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				
Freestanding Bath	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notes: _____				

