

LET'S GET STARTED.

Client Questionnaire



Help us understand the important things in your life, how you use your home, and how you live in your space and why.

Client Name /

Project Address /

Point of Contact / NAME PHONE EMAIL

Billing Address /

Preferred methods of contact / EMAIL CALL

PROJECT OVERVIEW

1 / What do you like about your current home, and why?

2 / What do you not like about your current home and why do you want to change it?

3 / What are the top (three) priorities in your design objectives for this new project?

4 / What do you look forward to most when coming 'home' after a day at work?

5 / What do you feel are the most important functions of your house?

6 / Do you have any specific time requirements for your project to be complete?

SITE CONSIDERATIONS

1 / Do you have any future plans for the property for us to consider for the design? (i.e. guest house, shed, garden, etc.)

2 / Are there any problems or issues with your lot that you are aware of?

3 / Are there any restrictions on your property (i.e. fence height limits, HOA guidelines, setbacks, other covenants)

4 / Check one option in each category.

BELOW GROUND

Basement

Crawl Space

Slab (no basement)

ABOVE GROUND

1 - Story

2 - Story

2+ (Attic or Loft)

5 / Are there any features on your site that you'd like preserved? (i.e. tree, outbuilding, driveway, etc.)

6 / What are your energy goals for your site? (Check all that apply)

Well

Solar Panels

Septic Tank

Windmill

Geothermal

Other _____

LIFESTYLE

1 / Describe your lifestyle and the kind of spaces that you need? (i.e. work from home, entertain guests often, etc.)

2 / What type of storage do you require? Do you have any specific hobbies that require additional storage space?

3 / Do you have any 'large toys' that should be planned for in the garage? (i.e. snowblower, boat, four-wheeler, etc.)

4 / How many people will live in your new home?

5 / Do you have any pets that will need to be accommodated?

6 / Do you foresee your family growing and needing additional space in the future?

7 / Do you have any specific accessibility requirements, for example does anyone in your family use mobility-assistive devices or do you have any regular visitors that would have special needs?

8 / Where do you and your family spend most of your time? (i.e. kitchen, family room, porch, outdoors, other, etc.)

INDOOR SPACES

1 / Check all the spaces that apply.

Home Office(s)

Family Room (more casual)

Hobby Room _____
(insert hobby)

Home Theater

Casual Dining / Breakfast Nook

Playroom / Recreational Room

Home Gym

Formal Dining

Storage Room

Living Room (more formal)

Walk In Pantry

Storm Shelter

Wet Bar / Coffee Bar

Man Cave

Guest Suite

Other _____ (Share more information about the item you added below)

Elaborate on how you plan to use the indoor spaces marked above.

2 / How many total bedrooms, including the master bedroom?

3 / How many full baths would you like? Half baths?

4 / Do you have any special pieces of furniture or artwork that you'd like us to consider in the new design?

5 / What size beds should we plan for in each bedroom?

6 / Are there any areas of your new home that you'd like more private than others? (i.e. master bedroom, office)

OUTDOOR SPACES

1 / Check all the spaces that apply.

Outdoor Patio

Guest House

Outdoor Kitchen

Three Seasons Room

Lawn Shed

Swimming Pool

Four Seasons Room

Outdoor Fireplace

Privacy

Porch

Deck

Other _____ (Share more information about the item you added below below)

Elaborate on how you plan to use the outdoor spaces marked above.