



Project Specification Sheet

IMPORTANT NOTE: You will not know all the answers to these questions. Your not meant to. However by answering as many as you can, you will greatly enhance the speed and efficiency of our work. This is simply a worksheet we use to design your building.

Project Information

Name:

Location Address:

Site Phone:

TMK #:

Acreage:

Water Meter(s) / Size:

Job #:

Project Type:

Project Description:

Residential Design Criteria

Area Square Feet:

Number of Floors:

Garage / Size, #Cars:

Front Porch:

Deck:

Laundry Room:

No. of Bedrooms:

No. of Full Baths:

No. of Half baths:

Office / Den:

Formal Dining Room:

Family Room:

Pool / Size:

List any "Must Have" features to be included in this design:

List other features you would like if the budget allows for it:

Start Date:

Completion Date:

Project Budget:

Commercial / Building Classification

Area Square Feet:

Occupancy Group:

Occupancy Separations:

Type of Construction:

Occupant Load:

Allowable Areas:

Building Height:

Number of Stories:

Fire Protection:

Hurricane Protection:

Earthquake Protection:

Design Information

Design Style:

Walls

Walls Exterior Material:

Walls Exterior Color:

Walls Interior material:

Walls Interior Color:

Railing Type Interior:

Railing Type Exterior:

Fencing Type Perimeter:

Fencing Type Garden:

Rock Wall Types

Doors

Main Entrance:

Doors Exterior:

Doors Interior:

Garage Doors:

Windows

Type / Manufacture:

No. of Panes:

Lites:

Arch / Shape:

Sash & Frame:

Treatments:

Curtains:

Blinds:

Capital:

Shutters:

Other:

Casing Interior Y/N?:

Material:

Width:

Reveal:

Lintel, extends:

Molding:

Sill:

Apron:

Casing Exterior Y/N?:

Material:

Width:

Reveal:

Lintel, extends:

Molding:

Exterior Sill:

Apron:

Foundation

Foundation Height above Grade:

Foundation Wall Type:

Footings:

Monolithic Slab:

Slab @ Top of Stem Wall:

Piers:

Floors/Rooms Specifications

Wall/Ceiling Height:

Molding:

Crown:

Chair:

Base:

General Floor Materials:

Office Floor Material:

Showroom Floor Material:

Bath Floor Material:

Kitchen Floor Material:

Living Rm. Floor Material:

Bedroom Floor Material:

Exterior Decking Material:

Interior Wall Coverings:

Interior Ceiling Color:

Insulation

Insulate Exterior Walls:

Insulate Interior Walls:

Insulate Roof :

Insulate Ceiling:

Insulate Floors:

Roof

Roofing Material:

Pitch:

Roof Overhang:

Plumb/Square Cut:

Fascia:

Gutters:

Boxed Eaves:

Eng. Trusses:

Hand Framed:

Ceiling Types:

Ceiling Material:

Skylight Type:

Skylight Frame:

Skylight Glass:

Framing

Lumber:

I-Joist:

Glulam:

Eng. Lumber:

LVL:

Steel I:

Steel Box:

Solid Concrete:

CMU:

Post & Beam:

Pole:

Additional Notes to Designer:

Original Submission to Pro Draft by Owner(s)

Signature of Owner(s)

Date

Signature of Owner(s)

Date

Reviewed By Contractor

Signature of General Contractor

Date

- Contractor made revisions requiring owner approval.
- Contractor's review is on separate form from owners review.

Owner(s) approval of revisions made by contractor

Signature of Owner(s)

Date

Signature of Owner(s)

Date