

QUICK START HOME PLANNER QUESTIONNAIRE

Prepared by: _____

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www.dreamhomedesignusa.com

1. I/ we plan to build a custom home ___ for myself /ourselves or ___
speculatively.

2. I plan to build on a flat ___, sloping ___,
or irregular ___, site.
(check one)

3. ___ I do not have a site purchased. Please design a Dream Home for me per
the specifications outlined herein.
___ I have purchased a lot.
(check one)

[Please include site survey, setbacks, height restrictions, and all applicable code
or jurisdictional information.]

4. I will be building in a deed-restricted community. (yes/ no)
[If yes, supply complete architectural design standards and covenants.]

5. The site vegetation and topography can be described as follows:

[Send topographical map and tree survey if site purchased.]

6. The surrounding area and immediate lots to left and right and across the
street are described as follows:

[Supply photographs as deemed necessary.]

7. The total area of conditioned space I wish to achieve is between _____ SF
and _____ SF.

8. My approximate budget per square foot of conditioned space (measured to
outside of bearing wall) is approximately \$____/ SF, or maximum budget of
\$_____ for house construction alone.

*NOTE: Architect cannot be held liable for cost of house exceeding Client budget.
Client must check with Realtors or Builders in his or her area to arrive at
projected costs per style of house, budget, and location.*

9. The style of home I would like can best be described as:
[Option: send any photos, drawings, plans, etc. on file or from scrapbook.]

10. I like/ do not like symmetry in my plans or elevations. (circle one and explain)

11. The total number of bedrooms is ____.

The total number of baths is ____.

I wish to have the following rooms (circle Y for yes or N for no), with approximate sizes indicated in length and width and a short description of each.:

Y/N. Formal Living

Y/N. Formal Dining

Y/N. Family Room

Y/N. Library/ Den

Describe all other rooms (kitchen, breakfast, butler pantry, secondary bedrooms, garages, storage, exercise, guest, powder, bars, retreats, lofts, playrooms, etc.) desired with approximate size and description of each: (add pages if necessary)

12. I prefer a formal/ informal plan. (circle one and explain)

13. I would like the following rooms arranged on the first level and the remainder upstairs:

14. The following rooms/ spaces must be placed close to each other:

15. I do/ do not wish to have step-downs or level changes, or only in the following areas: (describe)

16. The following activities will take place outside: (example: pool, decks, gazebos, boat dock, tennis, etc.)

17. I would like the following rooms/spaces oriented to specific views or placed per compass direction as follows:

18. The first floor height should be at least ___ ft., and not to exceed ___ ft. I want the second floor height to be at least ___ ft., and not to exceed ___ ft. (more)

19. The driveway approach will be: (example: circular drive, inside load or setback side load drive, center approach, rear approach, etc.)

20. I would like the perimeter wall of the house to be constructed of _____ (example, wood and brick, block and stucco, steel, rammed earth, etc.), and be approximately ___ in. thick.

21. I want a full/ partial/ no basement. (circle one)

22. I like/ do not like irregular rooflines. (circle one)

23. The perimeter plan geometry should be: (check one)

___ Regular (rectangular geometry with minimum wall projections (for easiest, most cost-effective build-out)

___ Medium Irregular plan with meandering exterior walls (moderate cost to build but may offer best views, orientation to natural features, topography, vegetation, sun angle, etc.)

___ Complex (highly irregular plan with many angles and/or curving walls inside and out, expensive to detail, finish out and construct)

ADDITIONAL COMMENTS AND DESCRIPTIONS

Name on Credit Card: _____

Credit Card Company: _____

Credit Card No.: _____

Expiration Date: _____

Mailing Address: _____

Name: _____

Street: _____

City, State and Zip Code: _____

Credit Card billing Address: _____

Name: _____

Street: _____

City, State and Zip Code: _____

**PLEASE INCLUDE THE FOLLOWING IN ORDER TO VERIFY
QUESTIONNAIRE INFORMATION.**

My daytime phone number is _____

My after-hours phone number is _____

My fax number is _____

My e-mail address is _____

I/We heard of your company and services from

NOTE: PLEASE TRANSMIT AN E-MAIL MESSAGE CONFIRMING YOUR ORDER.
Send e-mail indicating you have placed an order to: jchenry@ctinet.net.

Fax or mail all materials and remit payment by check or credit card, and address
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