



Project/Client Questionnaire

The purpose of this questionnaire is to help us gain a better understanding of your goals and objectives for your project. Hopefully, it will cause you to think more carefully about your needs and articulate them as clearly as possible. Where you are unsure about certain questions or where questions are irrelevant to your situation, please simply leave blank and we can address them later. Where you have photographs to illustrate please include. Try to be as specific as possible. Clear communication will go a long way to ensuring your vision is attained.

Thank you for your time!

Date _____

Name _____

Address _____

City, Prov./State, Zip _____

Telephone:

Work (____) _____ Home (____) _____ Fax (____) _____

Email _____ Cell (____) _____

What is the best time and place to reach you? _____

I. Project Information

1. Specify the nature and intended use of your project. _____

2. How many square feet do you envision? _____
3. Do you currently own the land you intend to build on? _____
4. Will you be selling your existing home? _____
5. Will the construction need to be done in phases? _____
6. When do you anticipate starting construction? _____
7. What is your total construction budget (excluding site development)?

8. Is your financing in place? _____
If not, will you be able to prequalify? _____
Will you need full construction drawings to secure financing? _____
9. Do you have sketches/plans of your project? _____
10. Do you have a preferred wood species, or diameter, or profile? _____
11. Do you have a preferred log builder? _____

II. Site Information

1. What is the site civic address and municipality? _____

2. What is the legal description of the building site? _____

3. Please describe your land
 Size in acres or dimensions: _____
 Terrain: (sloped, flat, mountainous) _____
 Vegetation: (open field, wooded) _____
 Natural Features: (bluffs, brooks, bogs) _____
 Soil Types: (sand, gravel, clay, rock) _____
 Other characteristics: _____
 Is there a Conservation Authority that will need to approve plans? _____
 What are the primary views to be highlighted? _____

What is the primary exposure?	Views:	N	E	S	W
	Sun	N	E	S	W
	Wind	N	E	S	W

4. Utilities
 Where is the electric power access? _____
 Water source: Municipal water ___ Private Well ___
 Drainage type: Municipal sewer ___ Septic ___ Date of septic plan ___
 Fuel source: Solar ___ Wood ___ Gas ___ Oil ___ Electric ___ Other ___

5. Vehicles
 Describe the road access: _____
 For how many vehicles will you need parking? _____
 How many vehicles will you need to locate in a garage? _____
 Will you require storage space in the garage? Yes No Size _____
 Will you need access to a shop?Yes No
 Does your property have access to water?.....Yes No
 Fresh Water _____ Salt Water _____
 A dockYes No
 A boathouse.....Yes No

Will you require outdoor living spaces? Please describe. _____

Will you require outdoor work areas? Please describe. _____

8. Please describe the ambience and mood of your home.

Place a mark to indicate predominant choice. If this will vary within your home, please explain below.

E.g.

Formal 1 2 3 / 4 5 Informal

Formal 1 2 3 4 5 Informal Varied Geometry 1 2 3 4 5 Simple

Elegant 1 2 3 4 5 Rustic Energetic 1 2 3 4 5 Tranquil

Spacious 1 2 3 4 5 Cozy Contemporary 1 2 3 4 5 Traditional

Dramatic 1 2 3 4 5 Restrained Open Plan 1 2 3 4 5 Partitioned

9. Space Requirements

Please list the approximate interior dimensions you envision for each room or space.

Room	Dimensions	Area	
Basement			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Main Floor			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
Upper Floor			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

10. Entrance Foyer

In general terms, please describe your entrance foyer. (elegant, casual, formal, cozy, dramatic?) _____

Please describe your entrance door. _____

What combination of natural and artificial light is desirable? _____

Do you wish to be able to see into the public areas of your home? Yes No

What size of entrance closet do you envision? _____

Will there be a separate mudroom entrance? Yes No

Will the foyer have a vaulted ceiling? Yes No

Will it have an airlock to the other living areas? Yes No

What furnishings do you envision? _____

11. Primary Living Area

In general terms, please describe your primary living room. (elegant, casual, formal, cozy, dramatic, etc.?) _____

Should the living room be open to other areas? _____

Which rooms? _____ Deck? _____

What are the primary activities that will take place? (reading, watching TV, computing, listening to music, etc.?) _____

Will it have a vaulted ceiling? Yes No

How many people should it accommodate seated? _____

Will it need more than one seating area? Yes No

Please describe the fireplace? _____

Hearth? _____ Mantle? _____

Type of Stone? _____

Should it be bright during the day? _____

What combination of natural and artificial light is desirable? _____

Do you envision any feature beam work? _____

What furniture do you envision? _____

12. Kitchen

In general terms, please describe your kitchen. (simple, practical, gourmet, commercial-style) _____

What times of day and to what extent do you use the kitchen? _____

14. Master Bedroom

Do you like to wake up in a bright and/or sunlit room? Yes No

Do you like to be able to look outside while lying in bed? Yes No

Do you want many windows in your bedroom? Yes No

Please describe your privacy requirements you have for the bedroom. _____

Size of Bed _____ Other Furniture _____

Is a separate dressing area required? Yes No

Will the bedroom be also used as a study or sitting room? Yes No

Should the bedroom have a cathedral or flat ceiling? _____

Should the bedroom have access to a deck? Yes No

Will the bedroom have a fireplace? Yes No

Which floor do you wish the bedroom to be on? _____

9. Master Bathroom

What special qualities (bright, roomy, double sinks) do you like in a bathroom? ____

Fixtures:

Sinks Yes (#____) No Shower Yes (#____) No

Toilet Yes (#____) No Tub Yes (#____) No

Bidet Yes (#____) No Urinal Yes (#____) No

Please describe the tub setting, ambience and style, if applicable. _____

Please describe the shower setting, ambience and style, if applicable. _____

Will the shower also be used as a steam shower? _____

Do you want a bench in the shower? Yes No

How private should the bathroom be from the rest of the house and from the out-of-doors? _____

Do you like to be able to see out of a window while showering? Washing? Bathing? Using the toilet? _____

How long of a countertop would you like? _____

Do you need a separate makeup area? Yes No

Should the toilet be in a separate space? Yes No

Please describe any other ideas you have for your bathroom. _____

10. Bedroom #2

Do you like to wake up in a bright and/or sunlit room? Yes No
Do you like to be able to look outside while lying in bed? Yes No
Do you want many windows in your bedroom? Yes No
Please describe your privacy requirements you have for the bedroom. _____

Size of Bed _____ Other Furniture _____
Is a separate dressing area required? Yes No
Will the bedroom be also used as a study or sitting room? Yes No
Should the bedroom have a cathedral or flat ceiling? _____
Should the bedroom have access to a deck? Yes No
Will the bedroom have a fireplace? Yes No
Which floor do you wish the bedroom to be on? _____

15. Bedroom #3

Do you like to wake up in a bright and/or sunlit room? Yes No
Do you like to be able to look outside while lying in bed? Yes No
Do you want many windows in your bedroom? Yes No
Please describe your privacy requirements you have for the bedroom. _____

Size of Bed _____ Other Furniture _____
Is a separate dressing area required? Yes No
Will the bedroom be also used as a study or sitting room? Yes No
Should the bedroom have a cathedral or flat ceiling? _____
Should the bedroom have access to a deck? Yes No
Will the bedroom have a fireplace? Yes No
Which floor do you wish the bedroom to be on? _____

16. Bedroom #4

Do you like to wake up in a bright and/or sunlit room? Yes No
Do you like to be able to look outside while lying in bed? Yes No
Do you want many windows in your bedroom? Yes No
Please describe your privacy requirements you have for the bedroom. _____

Size of Bed _____ Other Furniture _____
Is a separate dressing area required? Yes No
Will the bedroom be also used as a study or sitting room? Yes No
Should the bedroom have a cathedral or flat ceiling? _____

Should the bedroom have access to a deck? Yes No
Will the bedroom have a fireplace? Yes No
Which floor do you wish the bedroom to be on? _____

17. Bathroom #2

What special qualities (bright, roomy, double sinks) do you like in a bathroom? _____

Fixtures:

Sinks	Yes (#___)	No	Shower	Yes (#___)	No
Toilet	Yes (#___)	No	Tub	Yes (#___)	No
Bidet	Yes (#___)	No	Urinal	Yes (#___)	No

Please describe the tub setting, ambience and style, if applicable. _____

Please describe the shower setting, ambience and style, if applicable. _____

Will the shower also be used as a steam shower? _____

Do you want a bench in the shower? Yes No

How private should the bathroom be from the rest of the house and from the out-of-doors? _____

Do you like to be able to see out of a window while showering? Washing?
Bathing? Using the toilet? _____

How long of a countertop would you like? _____

Do you need a separate makeup area? Yes No

Should the toilet be in a separate space? Yes No

Please describe any other ideas you have for your bathroom. _____

18. Bathroom #3

What special qualities (bright, roomy, double sinks) do you like in a bathroom? _____

Fixtures:

Sinks	Yes (#___)	No	Shower	Yes (#___)	No
Toilet	Yes (#___)	No	Tub	Yes (#___)	No
Bidet	Yes (#___)	No	Urinal	Yes (#___)	No

Please describe the tub setting, ambience and style, if applicable. _____

Please describe the shower setting, ambience and style, if applicable. _____

Will the shower also be used as a steam shower? _____

Do you want a bench in the shower? Yes No

How private should the bathroom be from the rest of the house and from the out-of-doors? _____

Do you like to be able to see out of a window while showering? Washing? Bathing? Using the toilet? _____

How long of a countertop would you like? _____

Do you need a separate makeup area? Yes No

Should the toilet be in a separate space? Yes No

Please describe any other ideas you have for your bathroom. _____

19. Bathroom #4

What special qualities (bright, roomy, double sinks) do you like in a bathroom?

Fixtures:

Sinks	Yes (#___)	No	Shower	Yes (#___)	No
Toilet	Yes (#___)	No	Tub	Yes (#___)	No
Bidet	Yes (#___)	No	Urinal	Yes (#___)	No

Please describe the tub setting, ambience and style, if applicable. _____

Please describe the shower setting, ambience and style, if applicable. _____

Will the shower also be used as a steam shower? _____

Do you want a bench in the shower? Yes No

How private should the bathroom be from the rest of the house and from the out-of-doors? _____

Do you like to be able to see out of a window while showering? Washing? Bathing? Using the toilet? _____

How long of a countertop would you like? _____

Do you need a separate makeup area? Yes No

Should the toilet be in a separate space? Yes No

Please describe any other ideas you have for your bathroom. _____

20. Please describe your requirements for any additional spaces listed below:

Family Room - _____

Sunroom – _____

Mudroom – _____

Computer Room – _____

Office - _____

Interior wood storage – _____

Playroom – _____

Media Room – _____

Breakfast nook – _____

Stairs – _____

Front Porch – _____

Patio / Decks – _____

Hobby Rooms - _____

Hot tub / Pool – _____

Other (e.g. exterior wood storage) - _____

Additional Bedrooms - _____

Additional Bathrooms - _____

21. Please describe any special requirements:

Pets – _____

Equal access/barrier free design – _____

 Lightning protection – _____

 Security system – _____

 Unusual furnishings (piano, sculpture, artwork, collections) – _____

 Other – _____

IV. Material Specifications

1. Please describe your preferences for interior materials.

Flooring - _____

 Main living areas - _____

 Kitchen - _____

 Baths - _____

 Bedrooms - _____

 Entry - _____

 Stairs - _____

 Wall surfaces - _____

 Cathedral ceilings - _____

 Ceiling angles - _____

 Interior doors - _____

 Other - _____

2. Please describe your preferences for exterior materials.

Roofing - _____

 Trim - _____

 Windows - _____

 Skylights - _____

 Doors - _____

 Foundation Cladding - _____

 Railings - _____

 Decks/Patios - _____

 Driveway - _____

 Siding/Shingles _____

 Other - _____
