

PARAGON RESIDENTIAL DESIGN

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CLIENT QUESTIONNAIRE

Each custom home we design is unique, beginning with your individual lifestyle while incorporating any special modifications for personal limitations. Our designers work with your individual styles and aspirations and blend them into a home that is unique to your lot, terrain and orientation, while addressing some of the major concerns of any designer. In addition we incorporate such elements as views, ADA accessibility, solar/passive heating and cooling systems, integrated security features and other design elements into a one-of-the-kind home that is a unique expression of you.

A. Client Contact Information

Please provide all requested information so that we can contact you when necessary.

Full Name(s): _____

Physical Address: _____

Mailing Address: _____

Email Address: (his) _____

(hers) _____

Phone Numbers: (his) _____ (work) _____

(hers) _____ (work) _____

B. Required Information

This basic information aids your designer in the original work-up of your plan. These reports may be attached to the back of your questionnaire.

1. Professional site survey of the location where you plan to build. Trees and other natural elements should be included if they are to be retained.
2. A copy of the Geo-Technical/Soils Report (where applicable).
3. Deed and subdivision restrictions. These can be obtained from your title company.
4. Topographical survey (where applicable).
5. Estimated date to begin construction _____
6. Estimated budget per square foot \$ _____
or estimated total cost \$ _____

C. List of Consultants

If you have chosen these professionals listed below to aid us in the design and building of your new home, please include their contact information. If you have not yet made a decision, we will be happy to act on your behalf in locating qualified professionals.

General Contractor _____

(email) _____ (telephone) _____

Geo-tech Engineer _____

(email) _____ (telephone) _____

Structural Engineer _____

(email) _____ (telephone) _____

Landscape Architect _____

(email) _____ (telephone) _____

Interior Designer _____

(email) _____ (telephone) _____

D. Special Accommodations

If you are in need of special accommodations in your new home, such as for disabilities or other limitations, please list them below. You will discuss these in detail with your designer prior to any work being initiated.

E. Existing Home Measurements

Please measure the rooms in your present home. This will help us provide you with a standard of reference as we develop the layout of your new home. If an area is not listed, please feel free to include it if you would like it considered.

- | | |
|-------------------------|--------------------------|
| 1. Entry/Foyer _____ | 9.. Computer Room _____ |
| 2. Family Room _____ | 10. Master Bedroom _____ |
| 3. Formal Living _____ | 11. Bedroom 2 _____ |
| 4. Library/Study _____ | 12. Bedroom 3 _____ |
| 5. Kitchen _____ | 13. Bedroom 4 _____ |
| 6. Breakfast Room _____ | 14. Bedroom 5 _____ |
| 7. Central Dining _____ | 15. Outdoor Living _____ |
| 8. Laundry Room _____ | |

F. General Design Features

The information below aids us in developing your specific plans with sizes and materials you may already have in mind. Remember, the more detailed you are, the better.

Preferred architectural style? (Arts & Crafts, Contemporary/Modern, classical Italian, English Tudor, French Country, French formal, Hill Country, Ranch, Spanish Country, Tuscan/Mediterranean, other) _____

Target Living Area (total square footage) _____

Where will the front of the structure face? _____

How many levels? _____

Ceiling heights on first floor? 8' 10' 12' 14' OTHER _____

Ceiling heights on second floor? 8' 10' 12' 14' OTHER _____

Basement? YES NO

Exterior wall materials: STONE LOG BRICK STUCCO SIDING WOOD

Roof Materials: COMPOSITE SHINGLE WOOD SHINGLE TILE SLATE METAL

Number of Bedrooms: _____ **Number of Garages:** _____

What feature or direction will the garage face? _____

Porte Cochere? YES NO

Stairways? YES NO **Count:** _____ **Materials:** WOOD METAL

Stairway style? CIRCULAR STRAIGHT U-SHAPED

Elevator(s)? YES NO **Locations?** _____

G. Specific Features

The list below provides our designer with your specific ideas. If an item you wish to address is not listed, please feel free to add it under the comments section.

Entry/Foyer (YES / NO)

Minimum room size: _____ **Flooring:** TILE VINYL WOOD OTHER _____

Ceiling treatments: FLAT VAULTED COFFERED SPLAYED BEAMS OTHER _____

Which room will it access? _____

Front door description: _____

Comments: _____

Family Room (YES / NO)

Minimum room size _____ **Flooring:** TILE CARPET WOOD OTHER _____

Which room will it access? _____

Ceiling Treatments: RAISED CATHEDRAL COFFERED SPLAYED BEAMS
VAULTED TWO STORY OTHER _____

Fireplace: YES NO **Types:** PREFAB MASONRY DIRECT VENT

Surround: BRICK MARBLE NATURAL ROCK TILE **Hearth:** RAISED FLUSH

Bar: YES NO **Style:** WALK IN WALK UP OTHER _____

Electrical: CEILING FAN COVE EYEBALL SOCKET FLOOR OUTLET RECESSED

Book Cases: YES NO **Description:** _____

Special views of: _____

Access to: _____

Television style and type: _____

Special furniture requirements? _____

Comments: _____

Formal Living (YES / NO)

Minimum room size _____ **Flooring:** TILE CARPET WOOD OTHER _____

Which room will it access? _____

Ceiling Treatments: RAISED CATHEDRAL COFFERED SPLAYED BEAMS
VAULTED TWO STORY OTHER _____

Fireplace: YES NO **Types:** PREFAB MASONRY DIRECT VENT

Surround: BRICK MARBLE NATURAL ROCK TILE **Hearth** RAISED FLUSH

Electrical: CEILING FAN COVE EYEBALL SOCKET FLOOR OUTLET RECESSED

Book Cases: YES NO **Description:** _____

Special views of: _____

Special furniture requirements? _____

Comments: _____

Library/Study (YES / NO)

Minimum room size _____ **Flooring:** TILE CARPET WOOD OTHER _____

Which room will it access? _____

Ceiling Treatments: RAISED CATHEDRAL COFFERED SPLAYED BEAMS

VAULTED TWO STORY OTHER _____

Fireplace: YES NO **Types:** PREFAB MASONRY DIRECT VENT

Surround: BRICK MARBLE NATURAL ROCK TILE **Hearth:** RAISED FLUSH

Bar: YES NO **Style:** WALK IN WALK UP OTHER _____

Electrical: CEILING FAN COVE EYEBALL SOCKET FLOOR OUTLET RECESSED

Book Cases: YES NO **Description:** _____

Special views of: _____

Access to: _____

Television style and type: _____

Special furniture requirements? _____

Comments: _____

Kitchen

Minimum room size _____ **Flooring:** TILE CARPET WOOD OTHER _____

Which room will it access? _____

Ceiling Treatments: RAISED CATHEDRAL COFFERED SPLAYED BEAMS

VAULTED TWO STORY OTHER _____

Fireplace: YES NO **Types:** PREFAB MASONRY DIRECT VENT

Surround: BRICK MARBLE NATURAL ROCK TILE **Hearth:** RAISED FLUSH

Bar: YES NO **Style:** WALK IN WALK UP OTHER _____

Electrical: CEILING FAN COVE EYEBALL SOCKET FLOOR OUTLET RECESSED

Book Cases: YES NO **Description:** _____

Special views of: _____

Access to: _____

Television style and type: _____

Special furniture requirements? _____

Comments: _____

Breakfast Room (YES / NO)

Minimum room size _____ **Flooring:** TILE CARPET WOOD OTHER _____

Which room will it access? _____

Ceiling Treatments: RAISED CATHEDRAL COFFERED SPLAYED BEAMS

VAULTED TWO STORY OTHER _____

Fireplace: YES NO **Types:** PREFAB MASONRY DIRECT VENT

Surround: BRICK MARBLE NATURAL ROCK TILE **Hearth:** RAISED FLUSH

Bar: YES NO **Style:** WALK IN WALK UP OTHER _____

Electrical: CEILING FAN COVE EYEBALL SOCKET FLOOR OUTLET RECESSED

Book Cases: YES NO **Description:** _____

Special views of: _____

Access to: _____

Television style and type: _____

Special furniture requirements? _____

Comments: _____

Central Dining (YES / NO)

Minimum room size _____ Flooring: TILE CARPET WOOD OTHER _____

Which room will it access? _____

Ceiling Treatments: RAISED CATHEDRAL COFFERED SPLAYED BEAMS

VAULTED TWO STORY OTHER _____

Fireplace: YES NO Types: PREFAB MASONRY DIRECT VENT

Surround: BRICK MARBLE NATURAL ROCK TILE Hearth: RAISED FLUSH

Bar: YES NO Style: WALK IN WALK UP OTHER _____

Electrical: CEILING FAN COVE EYEBALL SOCKET FLOOR OUTLET RECESSED

Book Cases: YES NO Description: _____

Special views of: _____

Access to: _____

Television style and type: _____

Special furniture requirements? _____

Comments:

Laundry Room (YES / NO)

Minimum room size _____ Flooring: TILE CARPET WOOD OTHER _____

Which room will it access? _____

Appliances: _____

Access to: _____

Comments: _____

Computer Room (YES / NO)

Minimum room size _____ **Flooring:** TILE CARPET WOOD OTHER _____

Which room will it access? _____

Ceiling Treatments: RAISED CATHEDRAL COFFERED SPLAYED BEAMS

VAULTED TWO STORY OTHER _____

Electrical: CEILING FAN COVE EYEBALL SOCKET FLOOR OUTLET RECESSED

Any specialty electrical? _____

Book Cases: YES NO **Description:** _____

Special views of: _____

Access to: _____

Television style and type: _____

Special furniture requirements? _____

Comments: _____

Master Bedroom

Minimum room size _____ **Flooring:** TILE CARPET WOOD OTHER _____

Which room will it access? _____

Ceiling Treatments: RAISED CATHEDRAL COFFERED SPLAYED BEAMS

VAULTED OTHER _____

Bed size:

Fireplace: YES NO **Types:** PREFAB MASONRY DIRECT VENT

Surround: BRICK MARBLE NATURAL ROCK TILE **Hearth:** RAISED FLUSH

Bar: YES NO **Style:** WALK IN WALK UP OTHER _____

Electrical: CEILING FAN COVE EYEBALL SOCKET FLOOR OUTLET RECESSED

Book Cases: YES NO **Description:** _____

Special views of: _____

Access to: _____

Television style and type: _____

Special furniture requirements? _____

Comments: _____

Bedroom 2 (YES / NO)

Minimum room size _____ **Flooring:** TILE CARPET WOOD OTHER _____

Which room will it access? _____

Ceiling Treatments: RAISED CATHEDRAL COFFERED SPLAYED BEAMS

VAULTED TWO STORY OTHER _____

Bed size: _____

Fireplace: YES NO **Types:** PREFAB MASONRY DIRECT VENT

Surround: BRICK MARBLE NATURAL ROCK TILE **Hearth:** RAISED FLUSH

Bar: YES NO **Style:** WALK IN WALK UP OTHER _____

Electrical: CEILING FAN COVE EYEBALL SOCKET FLOOR OUTLET RECESSED

Book Cases: YES NO **Description:** _____

Special views of: _____

Access to: _____

Television style and type: _____

Special furniture requirements? _____

Comments: _____

Bedroom 3 (YES / NO)

Minimum room size _____ Flooring: TILE VINYL WOOD OTHER _____

Ceiling Treatments: FLAT VAULTED COFFERED SPLAYED BEAMS OTHER _____

Which room will it access? _____

Ceiling Treatments: RAISED CATHEDRAL COFFERED SPLAYED BEAMS VAULTED
TWO STORY OTHER _____

Fireplace: YES NO Types: PREFAB MASONRY DIRECT VENT

Surround: BRICK MARBLE NATURAL ROCK TILE Hearth RAISED FLUSH

Bar: YES NO Style: WALK IN WALK UP OTHER _____

Electrical: CEILING FAN COVE EYEBALL SOCKET FLOOR OUTLET RECESSED

Flooring: TILE CARPET WOOD OTHER _____

Book Cases: YES NO Description: _____

Special views of: _____

Access to: _____

Television style and type: _____

Special furniture requirements? _____

Comments: _____

Bedroom 4 (YES / NO)

Minimum room size _____ Flooring: TILE VINYL WOOD OTHER _____

Ceiling Treatments: FLAT VAULTED COFFERED SPLAYED BEAMS OTHER _____

Which room will it access? _____

Ceiling Treatments: RAISED CATHEDRAL COFFERED SPLAYED BEAMS VAULTED

TWO STORY OTHER _____

Fireplace: YES NO Types: PREFAB MASONRY DIRECT VENT

Surround: BRICK MARBLE NATURAL ROCK TILE Hearth RAISED FLUSH

Bar: YES NO Style: WALK IN WALK UP OTHER _____

Electrical: CEILING FAN COVE EYEBALL SOCKET FLOOR OUTLET RECESSED

Flooring: TILE CARPET WOOD OTHER _____

Book Cases: YES NO Description: _____

Special views of: _____

Access to: _____

Television style and type: _____

Special furniture requirements? _____

Comments: _____

Bedroom 5 (YES / NO)

Minimum room size _____ Flooring: TILE VINYL WOOD OTHER _____

Ceiling Treatments: FLAT VAULTED COFFERED SPLAYED BEAMS OTHER _____

Which room will it access? _____

Ceiling Treatments: RAISED CATHEDRAL COFFERED SPLAYED BEAMS VAULTED

TWO STORY OTHER _____

Fireplace: YES NO Types: PREFAB MASONRY DIRECT VENT

Surround: BRICK MARBLE NATURAL ROCK TILE Hearth RAISED FLUSH

Bar: YES NO Style: WALK IN WALK UP OTHER _____

Electrical: CEILING FAN COVE EYEBALL SOCKET FLOOR OUTLET RECESSED

Flooring: TILE CARPET WOOD OTHER _____

Book Cases: YES NO Description: _____

Special views of: _____

Access to: _____

Television style and type: _____

Special furniture requirements? _____

Comments: _____

Outdoor Living Area / Porch (YES / NO)

Minimum room size _____ Flooring: TILE VINYL WOOD OTHER _____

Ceiling Treatments: FLAT VAULTED COFFERED SPLAYED BEAMS OTHER _____

Which room will it access? _____

Ceiling Treatments: RAISED CATHEDRAL COFFERED SPLAYED BEAMS VAULTED
TWO STORY OTHER _____

Fireplace: YES NO Types: PREFAB MASONRY DIRECT VENT

Surround: BRICK MARBLE NATURAL ROCK TILE Hearth RAISED FLUSH

Bar: YES NO Style: WALK IN WALK UP OTHER _____

Electrical: CEILING FAN COVE EYEBALL SOCKET FLOOR OUTLET RECESSED

Flooring: TILE CARPET WOOD OTHER _____

Book Cases: YES NO Description: _____

Special views of: _____

Access to: _____

Television style and type: _____

Special furniture requirements? _____

Comments: _____

Garage (YES / NO)

Style: ATTACHED DETACHED WITH PORTE-COCHERE

Size: ONE CAR TWO CAR THREE CAR

Work Shop: YES NO

Door size: 6' 8' 9' 16' 18'

Comments: _____

MISCELLANEOUS

CLIENT SIGNATURE: _____ **DATE:** _____

CLIENT SIGNATURE: _____ **DATE:** _____