



## 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 dock .....Yes No  
 A boathouse.....Yes No

6. Features of local climate

Estimated number of sunny days/year \_\_\_\_\_ rainfall \_\_\_\_\_  
Estimated inches of snow/year \_\_\_\_\_  
Estimated low temperature \_\_\_\_\_ high temperature \_\_\_\_\_  
Humidity (average barometric pressure) \_\_\_\_\_  
Other unusual conditions (earthquake, flood plain, noise, wind) \_\_\_\_\_

7. Local architectural styles

Please describe the prevailing architectural styles in the area. \_\_\_\_\_  
\_\_\_\_\_

Please describe the predominant local building materials in the area.

Walls \_\_\_\_\_ Roof \_\_\_\_\_  
Foundation \_\_\_\_\_ Stone \_\_\_\_\_  
Windows \_\_\_\_\_

**III. Building Information**

1. How many buildings are required? \_\_\_\_\_  
Please describe. \_\_\_\_\_

2. Please describe the people that will be living in the house.

Individual	Relationship	Duration of Residence

3. How many separate dwelling units will there be in the main house? \_\_\_\_\_

4. Will there be a basement? Yes No  
Walkout Yes No

5. How many years do you anticipate owning your home? \_\_\_\_\_

6. Are there plans for future severing? Yes No

## Occupant Requirements

**7. Occupant requirements**

Will you require separate entries into the house? Yes, how many? \_\_\_\_\_

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. Please provide any other adjectives or description to illustrate the mood/feel/character of your home.**

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**10. Space Requirements**

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

Room	Dimensions	Area	
<b>Main Floor</b>			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
<b>Basement</b>			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

<b>Upper Floor</b>			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**11. 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? \_\_\_\_\_

Additional Information

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**12. 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? \_\_\_\_\_  
\_\_\_\_\_

**Additional Information**

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13. 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? \_\_\_\_\_

What appliances will you have? Size?

- Oven \_\_\_\_ Cooktop \_\_\_\_ Sink \_\_\_\_
- Bar sink \_\_\_\_ Dishwasher \_\_\_\_ Convection oven \_\_\_\_
- Microwave \_\_\_\_ Compactor \_\_\_\_ Fridge \_\_\_\_
- Freezer \_\_\_\_ Wine Cooler \_\_\_\_ Bookcase \_\_\_\_
- Bar Counter \_\_\_\_ Table \_\_\_\_ Other \_\_\_\_

How many people should be able to use the kitchen simultaneously? \_\_\_\_\_

Will the kitchen be used for eating as well as for food preparation? \_\_\_\_\_

Do you like to look out the window while working in the kitchen? \_\_\_\_\_

Is having a bright/sunlit kitchen important? \_\_\_\_\_

Approximately how many feet of countertop do you need? \_\_\_\_\_

How much cupboard/drawer space do you need?

Small \_\_\_\_\_ Average \_\_\_\_\_ Extensive \_\_\_\_\_

Is an island important? Yes No

Appliances on island? Yes No

Would you use timbers to hang pots and pans? \_\_\_\_\_

What non-food items do you store in the kitchen? \_\_\_\_\_

What else do you want in your kitchen? (desk, TV, fireplace, computer?) \_\_\_\_\_

Will the phone center be in your kitchen? Yes No

Will you have a separate pantry? Yes No

What accommodations should be made for recycling/waste/garbage? \_\_\_\_\_

Should the kitchen be linked to other areas of the house or separate? \_\_\_\_\_

If linked, to which rooms? \_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**14. Dining**

In general terms, please describe your dining area. (elegant, casual, formal, cozy, dramatic, etc.?) \_\_\_\_\_

Is the dining area to be multipurpose in nature? \_\_\_\_\_

How many people should the dining room accommodate? \_\_\_\_\_

Will the ceiling height be average or vaulted? \_\_\_\_\_

What combination of natural and artificial light is desirable? \_\_\_\_\_

Will you need room for a buffet? \_\_\_\_\_ side table? \_\_\_\_\_

Should the dining room be open to other areas of your home? \_\_\_\_\_

Which rooms? \_\_\_\_\_ Deck? \_\_\_\_\_

Additional Information \_\_\_\_\_

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**15. 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. \_\_\_\_\_

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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? \_\_\_\_\_

Additional Information \_\_\_\_\_

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**16. 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. \_\_\_\_\_

**17. 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? \_\_\_\_\_

**18. 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? \_\_\_\_\_

**19. 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? \_\_\_\_\_

**20. 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. \_\_\_\_\_

**21. 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. \_\_\_\_\_

**22. 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. \_\_\_\_\_

**23. 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 - \_\_\_\_\_

**24. Please describe any special requirements:**

Pets – \_\_\_\_\_

Equal access/barrier free design – \_\_\_\_\_

Lightning protection – \_\_\_\_\_

Security system – \_\_\_\_\_

Unusual furnishings (piano, sculpture, artwork, collections) – \_\_\_\_\_

Sustainable/Green Design \_\_\_\_\_

**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 - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please describe your preferences for mechanical systems.

HVAC (Heating, ventilation, Air Conditioning) \_\_\_\_\_  
\_\_\_\_\_

4. Please describe your preferences for electrical, lighting, and communications. \_\_\_\_

\_\_\_\_\_

Will you need a backup generator?	Yes	No
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5. Please describe your preferences for special conservation measures.

Solar \_\_\_\_\_ Active/Passive \_\_\_\_\_

Rainwater collection \_\_\_\_\_

Gray water recycling \_\_\_\_\_

**V. Please share with us any additional expectations you have for your home.**

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