

CLIENT – PROJECT INFORMATION



Contact Information

Name(s) _____
FIRST LAST

FIRST LAST

Mailing Address

Phone Number(s)

STREET ADDRESS

CITY STATE ZIP CODE

DAYTIME #

EVENING #

Email: _____

Email2 (optional): _____

Site Information

Site Address

STREET ADDRESS

CITY STATE ZIP CODE

Parcel # _____

Zoning _____
(IF KNOWN)

Project Scope

Please provide a brief description of your project:

Approximate Construction Budget (*not including design & permit fees*): _____

The following is unnecessary for our first meeting, but will be needed during the course of the project:

Design Program

Please provide a list of the spaces, sizes, qualities and features that you would like included in the design - this is often accompanied by photos or magazine clippings to provide visual examples.

Documents

PLEASE INCLUDE IF AVAILABLE:	ATTACHED	N/A
Homeowner association rules, CC&R's or other local code restrictions:	<input type="checkbox"/>	<input type="checkbox"/>
Site Survey or Site Plan with relevant topography & utility locations (if existing):	<input type="checkbox"/>	<input type="checkbox"/>
Legal Description:	<input type="checkbox"/>	<input type="checkbox"/>
AsBuilt Drawings (of existing buildings):	<input type="checkbox"/>	<input type="checkbox"/>
Access Permit*:	<input type="checkbox"/>	<input type="checkbox"/>
Septic Permit*:	<input type="checkbox"/>	<input type="checkbox"/>
Water Availability Letter*:	<input type="checkbox"/>	<input type="checkbox"/>

**For Island County, the above three items are required prior to submittal of a building permit.*

Process & Timeline

Do you have any project schedule requirements? _____

If you have pre-selected a contractor, please provide their contact information:

Additional Notes

Thank you - we look forward to working with you!