

DOWNING CUSTOM HOMES, LLC

"The Art of Building Beauty"



Preliminary Design Questionnaire

Purchaser: _____ Date: _____

Property Location Lot: _____ Block: _____ Community: _____ Phase: _____

City: _____ County: _____ School District: _____

Property Street Address: _____ Job # _____

Purchaser's Present Address: _____

His: Home Phone: () _____ Work Phone: () _____ Fax: () _____

Mobile: () _____ Pager: () _____ Email: _____

Hers: Home Phone: () _____ Work Phone: () _____ Fax: () _____

Mobile: () _____ Pager: () _____ Email: _____

ARCHITECTURAL REQUIREMENTS

Plan: Design Plan / Modify Plan / Current Plan

Garage Orientation: Front Entry Rear Entry Detached

Built Custom Before: Yes / No

Price Range: _____

Special Needs: _____

Describe Your Life Style: _____

When do you want to build: _____

Area of Town: _____

How long have you been looking: _____

How did you hear about us: _____

AC SF: _____ Outdoor/Gar SF: _____

Architectural Style: _____

Garage: Left Right Cars: 2 2 1/2 3 3 1/2 4 _____

Other: _____