



A Homeowner's Questionnaire

The purpose of this questionnaire is to help the architect understand the homeowner's dreams, enthusiasms, eccentricities, desires and lifestyle. Once understood, an accurate program of spaces and their respective characteristics can be created.

Please answer all pertinent questions and make additional comments where and when you feel it necessary. Please attach visual materials, photos, and any paraphernalia as necessary to explain your ideas.

We welcome as much information as you are willing to share.

Name of Owners

Billing Address

City

State

Zipcode

Email address

Daytime phone(s)

Mobile phone

Residence telephone(s)

Family members

Age

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

Live-in help

Age

1) _____

2) _____

Pets

Age

1) _____

2) _____

3) _____

The principal use of house (first home, second home, guest house, etc.)

Special activities

Wish List

What are your favorite ideas, products, techniques, equipment, and any concepts that your home design should embrace? Please put these in order as priorities, with number 1 as highest.

This is the list that we will review from time to time to see how we are doing...

1

2

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4

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Question

Your response

1. As far as the design of the exterior, are you willing to consider custom shapes, rather than typical shapes such as those of the neighbor's homes on either side of your lot? (an example might be using a rounded roof instead of a pitched roof)

2. In considering your preferred materials (stone, metal and natural wood), can they be used as finishes in less traditional ways? (an example might be to use metal roofing as siding in certain places)

3. In designing for passive solar energy, can the form of the house be non traditional so as to encourage better use and storage of the sun's heating? (an example might be to have sculptural southern shading devices on the outside of the house to control overheating in the summer)

4. In considering wind turbines and active solar hot water heating systems, can these devices be integrated into the architecture of the home, rather than "sticking" them on? (an example might be to use a vertical wind turbine as part of a spire)

5. In considering the overall public view of your house, are you excited by the idea of your home being a bit different (never gaudy or garish), perhaps controversial, but always a worthy example of innovative modern architecture? (an example might be a unique exterior form that contains a very pleasurable interior with an unusually functional floor plan)

6. When placing the house onto the site, does the idea of integrating the landscape with the built forms to give better thermal performance, a more subdued composition, and a unique solution appeal to you? (an example would be the earth berming that my own home uses to keep the vertical scale down)

Imagery

GENERAL

What is the general visual and emotional image of your house or addition?

Architectural inspirations

Basement?

Number of storeys

DESIRED MATERIALS

	<i>Brand or type</i>	<i>Notes</i>
Exterior finishes	_____	_____
Interior finishes	_____	_____
Windows	_____	_____
Doors	_____	_____
Interior walls	_____	_____
Floor(s)	_____	_____
Ceilings	_____	_____

CHEMICAL SENSITIVITIES?

Please list

Plan for future expansion?

What is your interest in Energy conservation?

WHAT ITEMS DO YOU NOT WANT TO USE?

	<i>Brand or type</i>	<i>Notes</i>
1) materials	_____	_____
2) products	_____	_____
3) color schemes	_____	_____
4) styles	_____	_____
5) windows	_____	_____
6) doors	_____	_____

DREAMS!

What do you think it is impossible to do but would like to try?

Have you worked with a design professional before?

Was it positive or negative?

Site

LOCATION

Town _____ County _____ State _____

Size of lot _____

Please describe the special features, general topography, vegetation and views:

Road access from?

Easements, Rights-of-way, or Deed Restrictions? *Please note*

UTILITIES

Please describe briefly the sources & any known conditions:

Water supply _____

Power _____

Sewer _____

Telephone _____

Results of Soil & Percolation Tests?

What is important about the relationship of your new home/addition to this land?

SURVEY INFORMATION

Please attach a copy of the boundary survey, deed restrictions, photos of site, topographical survey indicating major vegetation, power poles and other significant items on landscape.

Entrance to House

ATMOSPHERE

Describe the impression you want the entry to convey to guests as they arrive at your home.

How many exterior entries to your home?

Living & conversation

ATMOSPHERE

How should this room feel?

How is it used?

Size _____ x _____

Maximum number of people at one time (aside from large parties, if applicable)

Location Relative to other rooms

View?

Access to deck/terrace?

FURNITURE

Item

Size

1)

2)

3)

4)

5)

Fireplace/woodstove? *Please describe*

Television/Video equipment?

Audio equipment? *Please list*

Built-in seating

Window treatment

Floor materials

Wall material

Ceiling material

LIGHTING

How does sunlight come into the room, special lighting on objects, reading & game lights, etc

DIAGRAM (optional) *Please include a sketch of your layout of this area, or include a picture that best describes the feeling that you are looking for. Show major pieces of furniture and their relation to one another.*

Family

ATMOSPHERE

What kind of activities should this room accommodate? _____

List activities

How should this room feel?

Size _____ x _____

Maximum number of people at one time (aside from large parties, if applicable)

Closest to what other room(s)

View?

Access to deck/terrace?

FURNITURE

<i>Item</i>	<i>Size</i>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____
7) _____	_____

LIGHTING

How does sunlight come into the room, special lighting on objects, reading & game lights, etc

DIAGRAM (optional)

Please include a sketch of your layout of this area, or include a picture that best describes the feeling that you are looking for. Show major pieces of furniture and their relation to one another.

Dining



ATMOSPHERE

Describe the feeling and experience of:

1) *Having breakfast in this space*

2) *Having lunch in this space*

3) *Having a small dinner*

4) *Having a dinner party*

Size _____ x _____

Maximum number of people (Thanksgiving, etc.)

FURNITURE

Item

Size

1)	_____
2)	_____
3)	_____
4)	_____

Type of Lighting

Closest to what other room(s)

Access to deck/terrace?

DIAGRAM (optional)

Please include a sketch of your layout of this area, or include a picture that best describes the feeling that you are looking for. Show major pieces of furniture and their relation to one another.

Food Preparation



ATMOSPHERE

Are you right or left handed?

Spouse 1 *Left* *Right*

Spouse 2 *Left* *Right*

How does this room work in general?

Size _____ x _____ Relation to eating/dining area?

SINKS

<i>single</i>	<i>double</i>	<i>s/steel</i>	<i>porcelain</i>	<i>color</i>	<i>drainboard</i>	<i>disposal</i>	<i>faucet type</i>
1) _____	_____	_____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____	_____	_____

APPLIANCES

	<i>make & model</i>	<i>size</i>	<i>gas</i>	<i>electric</i>	<i>notes</i>
Dishwasher	_____	_____	_____	_____	_____
Stove	_____	_____	_____	_____	_____
Rangetop	_____	_____	_____	_____	_____
Oven	_____	_____	_____	_____	_____
Microwave	_____	_____	_____	_____	_____
Refrigerator	_____	_____	_____	_____	_____
Freezer	_____	_____	_____	_____	_____
Exhaust fan	_____	_____	_____	_____	_____
Hood	_____	_____	_____	_____	_____

Pantry size _____ x _____
holds about how much food? (A month, a year; # of cans, etc.)

Length of free work counter space _____

Chopblock counter? *Yes* *No* How long? _____
 Appliances to be stored on counter or below in special shelves, pull-outs, etc.

WALL & BASE CABINETS

style _____
 colors _____
 hardware _____

DIAGRAM (optional)

Please include a sketch of your layout of this area. Show major appliances and their relation to one another. Attach any pictures of great kitchens that you like.

Bathing



MASTER BATH

ATMOSPHERE

How do you want this room to feel?

Location _____

Size _____ x _____

DIAGRAM (optional)

Please include a rough sketch of a layout of important elements.

	<i>size</i>	<i>color</i>	<i>hardware</i>
Tub	_____	_____	_____
Shower	_____	_____	_____
Bidet	_____	_____	_____
Sink(s)	_____	_____	_____
Heatlamps	_____	_____	_____
Lighting	_____	_____	_____
Mirror	_____	_____	_____
Storage	_____	_____	_____
Cabinets	_____	_____	_____

BATH #2

ATMOSPHERE

How do you want this room to feel?

Location _____

Size _____ x _____

DIAGRAM (optional)

Please include a rough sketch of a layout of important elements.

	<i>size</i>	<i>color</i>	<i>hardware</i>
Tub	_____	_____	_____
Shower	_____	_____	_____
Bidet	_____	_____	_____
Sink(s)	_____	_____	_____
Heatlamps	_____	_____	_____
Lighting	_____	_____	_____
Mirror	_____	_____	_____
Storage	_____	_____	_____
Cabinets	_____	_____	_____

BATH #3

ATMOSPHERE

How do you want this room to feel?

Location _____

Size _____ x _____

DIAGRAM (optional)

Please include a rough sketch of a layout of important elements.

	<i>size</i>	<i>color</i>	<i>hardware</i>
Tub	_____	_____	_____
Shower	_____	_____	_____
Bidet	_____	_____	_____
Sink(s)	_____	_____	_____
Heatlamps	_____	_____	_____
Lighting	_____	_____	_____
Mirror	_____	_____	_____
Storage	_____	_____	_____
Cabinets	_____	_____	_____

Sleeping

MASTER BEDROOM ATMOSPHERE

How does this room feel?

<i>Furniture</i>	<i>Size</i>		<i>Width of closets</i>	<i>Notes</i>
1) Bed	_____		1) Hers	_____
2) Dresser	_____		2) His	_____
3) Dresser	_____		3)	_____
4)	_____		4)	_____
5)	_____		5)	_____

Dressing area?

Type of Lighting

Access to deck/terrace?

DIAGRAM (optional)

Please include a rough sketch of a layout of important elements. This can be a very loose, schematic, and very general idea of how you use this room..

BEDROOM #2 ATMOSPHERE

How does this room feel?

<i>Furniture</i>	<i>Size</i>		<i>Width of closets</i>	<i>Notes</i>
1) Bed	_____		1) Hers	_____
2) Dresser	_____		2) His	_____
3) Dresser	_____		3)	_____
4)	_____		4)	_____
5)	_____		5)	_____

Dressing area?

Type of Lighting

Access to deck/terrace?

DIAGRAM (optional)

Please include a rough sketch of a layout of important elements. This can be a very loose, schematic, and very general idea of how you use this room..

Sleeping

BEDROOM #3

ATMOSPHERE

How does this room feel?

<i>Furniture</i>	<i>Size</i>		<i>Width of closets</i>	<i>Notes</i>
1) Bed	_____	1) Hers	_____	_____
2) Dresser	_____	2) His	_____	_____
3) Dresser	_____	3)	_____	_____
4)	_____	4)	_____	_____
5)	_____	5)	_____	_____

Dressing area?

Type of Lighting

Access to deck/terrace?

DIAGRAM (optional)

Please include a rough sketch of a layout of important elements. This can be a very loose, schematic, and very general idea of how you use this room..

BEDROOM #4

ATMOSPHERE

How does this room feel?

<i>Furniture</i>	<i>Size</i>		<i>Width of closets</i>	<i>Notes</i>
1) Bed	_____	1) Hers	_____	_____
2) Dresser	_____	2) His	_____	_____
3) Dresser	_____	3)	_____	_____
4)	_____	4)	_____	_____
5)	_____	5)	_____	_____

Dressing area?

Type of Lighting

Access to deck/terrace?

DIAGRAM (optional)

Please include a rough sketch of a layout of important elements. This can be a very loose, schematic, and very general idea of how you use this room..

Accessory Spaces

LAUNDRY

Size _____ x _____

	<i>size</i>	<i>make</i>	<i>notes</i>
Washer	_____	_____	_____
Dryer	_____	_____	_____
Sink	_____	_____	_____
Ironing board	_____	_____	_____
Storage	_____	_____	_____

DIAGRAM (optional)

Please include a rough sketch of a layout of important elements and how you use this room.

ADDITIONAL SPACE/ NAME:

(Playrooms, den, library, workshop, storage, sewing, etc.)

Use

Size _____ x _____

Location

Lighting

Furniture

Size

- | | |
|----------|-------|
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |
| 4) _____ | _____ |
| 5) _____ | _____ |

DIAGRAM (optional)

Please include a rough sketch of a layout of important elements and how you use this room.

ADDITIONAL SPACE/ NAME:

(Playrooms, den, library, workshop, storage, sewing, etc.)

Use

Size _____ x _____

Location

Lighting

Furniture

Size

- | | |
|----------|-------|
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |
| 4) _____ | _____ |
| 5) _____ | _____ |

DIAGRAM (optional)

Please include a rough sketch of a layout of important elements and how you use this room.

Accessory Spaces

GARAGE

Size _____ x _____

Carport Enclosed Heated No. of cars

Other large objects to be stored

<i>Item</i>	<i>Size</i>	<i>Notes</i>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
Workbench _____	_____	_____

Remote door openers?

Frost proof hose connection inside?

DIAGRAM (optional)

Please include a rough sketch of a layout of important elements and how you use this room.

PORCHES, DECKS & TERRACES

<i>Size</i>	<i>Off of what room</i>	<i>Furniture to be accommodated</i>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

Barbecue _____
 Fireplace _____
 Outdoor storage _____

Mechanical



GENERAL SYSTEMS PREFERENCES

	<i>Model</i>	<i>Size</i>	<i>Notes</i>
Heating Plant	_____	_____	_____
Hot Water baseboard	_____	_____	_____
Forced Hot Air	_____	_____	_____
Electric baseboard	_____	_____	_____
Radiant floor	_____	_____	_____
Radiant ceiling	_____	_____	_____
Woodstove	_____	_____	_____
Passive solar	_____	_____	_____
Air Conditioning	_____	_____	_____
Domestic Hot Water	_____	_____	_____
Water softener	_____	_____	_____
Photovoltaic panels	_____	_____	_____
Wind turbine	_____	_____	_____
Microturbine	_____	_____	_____
Heat Pump	_____	_____	_____
Special controls	_____	_____	_____
Humidity	_____	_____	_____
Dust/particle filtration	_____	_____	_____
Insulating shades	_____	_____	_____

ENERGY/FUEL SOURCES

	<i>Cost/unit</i>	<i>Type of unit</i>	<i>Notes</i>
Electricity	_____	_____	_____
Oil	_____	_____	_____
Cordwood	_____	_____	_____
Wood Pellets	_____	_____	_____
Coal	_____	_____	_____
Natural gas	_____	_____	_____
Bottles gas	_____	_____	_____

Electrical

TELEPHONES

<i>Locations</i>	<i>Type</i>	<i>Notes</i>
1)		
2)		
3)		
4)		
5)		

TV ANTENNA OUTLETS

<i>Locations</i>	<i>Type</i>	<i>Notes</i>
1)		
2)		
3)		
4)		
5)		

FIRE DETECTION

	<i>Location</i>	<i>Notes</i>
heat type		
smoke type		
alarm		
telephone dialer		

BURGULAR ALARM

	<i>Location</i>	<i>Notes</i>
motion type		
pressure type		

SECURITY LIGHTING

<i>Location</i>	<i>Type</i>	<i>Notes</i>
1)		
2)		

Lightning protection?

Central vacuum system?

DIAGRAM (optional)

Please include a sketch layout of major pieces of equipment and locations (which rooms).

Landscaping

LANDSCAPING

What are your ideas on planting and landscaping?

FAVORITE TREES, SHRUBS & PLANTS

<i>Common Name</i>	<i>Type</i>	<i>Notes</i>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____

LANDSCAPE LIGHTING

<i>Locations</i>	<i>Type</i>	<i>Notes</i>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

No. of parking spaces/exterior

OTHER STRUCTURES (barns, sheds, etc.)

<i>Item</i>	<i>Size</i>	<i>Notes</i>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Tennis court

Swimming Pool

Pond

Budget



PROJECT BREAKOUT

	<i>Cost</i>	<i>Notes</i>
House	_____	_____
Outbuildings	_____	_____
1)	_____	_____
2)	_____	_____
Land acquisition	_____	_____
Landscaping	_____	_____
Driveway	_____	_____
Water	_____	_____
Power	_____	_____
Septic	_____	_____
Telephone	_____	_____
Television/CATV	_____	_____
Pond	_____	_____

DESIRED CONSTRUCTION SCHEDULE

Start construction

 Move in date

How is project financed?

OWNER PARTICIPATION in CONSTRUCTION?

	<i>Yes</i>	<i>No</i>	<i>Notes</i>
Painting	_____	_____	_____
Carpentry	_____	_____	_____
Finishing	_____	_____	_____
floors	_____	_____	_____
carpeting	_____	_____	_____
walls	_____	_____	_____
General laborer	_____	_____	_____
Other	_____	_____	_____

Architect's

GENERAL

Thank you for completing this notebook of your thoughts, ideas and requirements for your new home or addition. We welcome any other information which may not have been asked for already in this document. We can't have too much background!

This notebook shall remain the confidential information of the client and the architect. If you have any questions, please don't hesitate to call our office at 802-425-7717.

OFFICE USE ONLY

Notes

Contract amount	_____	_____
Contract date & type	_____	_____
Billing schedule	_____	_____
Program	_____	_____
Design Dev.	_____	_____
Const. Doc.	_____	_____
Bidding	_____	_____
Observation	_____	_____



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