

Checklist:
Home Design
Questionnaire



Southern Oak
CUSTOM HOMES

Date: _____

Job: _____

Homeowner: _____

Address: _____

Desired Living Space: _____ sqft _____

Desired Porches: _____ sqft _____

Garage Size: _____ sqft _____

Total Slab: _____ sqft _____

Site Work:

- | | | | |
|--|-----|----|-------|
| <input type="checkbox"/> Does the lot need to be cleared? | Yes | No | _____ |
| <input type="checkbox"/> Does the project need a road to the build site? | Yes | No | _____ |
| <input type="checkbox"/> What is the length of the needed road? | Yes | No | _____ |
| <input type="checkbox"/> Does the site have power? | Yes | No | _____ |
| <input type="checkbox"/> Does the site have water? | Yes | No | _____ |
| <input type="checkbox"/> Well water? | | | |
| <input type="checkbox"/> City water? | | | |
| <input type="checkbox"/> Does the site have sewage/septic? | Yes | No | _____ |
| <input type="checkbox"/> Additional Notes: | | | _____ |

Foundation:

- | | |
|--|-------|
| <input type="checkbox"/> Type of Foundation? | |
| <input type="checkbox"/> Concrete slab | _____ |
| <input type="checkbox"/> Pier & Beam | _____ |
| <input type="checkbox"/> Driveway | _____ |
| <input type="checkbox"/> Sidewalks | _____ |

Framing & Siding:

- Ceiling Heights: _____
- (tray, cathedral, vault, etc, ceilings?) _____
- additional notes: _____

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- Bedrooms _____ , _____
- Livingroom _____ , _____
- Kitchen _____ , _____
- Garage _____ , _____

Roof:

- Roof pitch _____
- Metal Roof _____
- Shingle Roof _____

Windows

- Grills Yes No _____
- Brand/ Color/ Style Notes _____
- Living room: # & size _____
- Bedrooms: # & size _____
- Bathroom? _____

Exterior Doors

- Height/ Width _____
- Style _____
 - Wood stain _____
 - Paint _____
 - Glass _____

Exterior

- Brick _____
- Rock/ Stone _____
- Siding _____
 - Hardy (8"/ 10"/ 12") _____
 - Board & Batten _____
 - Brick/ Rock skirt _____

Fireplace:

- | | | | |
|---|-----|----|-------|
| | Yes | No | |
| <input type="checkbox"/> Stone/ Rock/ Brick Fireplace | | | _____ |
| <input type="checkbox"/> Exterior finish of Fireplace | | | _____ |
| <input type="checkbox"/> Wood burning: | Yes | No | _____ |
| <input type="checkbox"/> Electric: | Yes | No | _____ |
| <input type="checkbox"/> Gas or Propane? | | | _____ |
| <input type="checkbox"/> Hearth Notes: | | | _____ |
| <input type="checkbox"/> Mantel Notes: | | | _____ |

Infrastructure & Mechanical:

Insulation

- | | | | |
|------------------------------------|-----|----|-------|
| <input type="checkbox"/> Sprayfoam | Yes | No | _____ |
| <input type="checkbox"/> Blown In | Yes | No | _____ |

HVAC

- | | | | |
|---|-----|----|-------|
| <input type="checkbox"/> Gas Furnace | Yes | No | _____ |
| <input type="checkbox"/> Electric Heat | Yes | No | _____ |
| Design Preference | | | |
| <input type="checkbox"/> Seer Rating/ Efficiency: | | | _____ |
| <input type="checkbox"/> Dehumidifier needs: | Yes | No | _____ |
| <input type="checkbox"/> Zonal system | Yes | No | _____ |
| <input type="checkbox"/> Exposed Duct | Yes | No | _____ |
| <input type="checkbox"/> Additional Notes | | | _____ |

Plumbing

- | | | | |
|--|-----|----|-------|
| <input type="checkbox"/> Water In/ Out Notes: | | | _____ |
| | | | _____ |
| <input type="checkbox"/> Water softener | Yes | No | _____ |
| <input type="checkbox"/> W. Heater (gas/ electric/ tankless) | | | _____ |
| <input type="checkbox"/> Circulation Pump | Yes | No | _____ |
| <input type="checkbox"/> Washer & Dryer extras/ notes: | | | _____ |
| <input type="checkbox"/> Exterior Faucets: # _____ | | | _____ |

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Kitchen

- Multiple Sinks? Yes No
- Pantry Sink Yes No
- Laundry Sink Yes No
- Gas Stove Yes No

Bathrooms

- Double Vanity? Yes No
- Master Bathroom
- Guest Bathrooms
- Master Bath
- Tub Yes No
- Shower Yes No
- Special Notes:

Electrical

- Special Notes & Considerations

Exterior Receptacles Notes:

- Special placements?
- Christmas light plugs Yes No
- Plug Switches Yes No

- Recessed lighting Yes No
- Door Switches: Where?
- Bidet Receptacles? Yes No

- Special AV Wiring Yes No
- Special Tech Wiring Yes No
- Security Wiring Yes No

Drywall & Texture

- Round Corners Yes No _____
- Texture: Light or Medium Orange Peel? _____
- Wall Paper Yes No _____
- Plaster Walls Yes No _____
- Accent Finishings Yes No _____

Finishings:

Trim & Cabinets

- Style: Shaker/ Colonial/ Farmhouse _____
- Baseboard height _____
- Crown Molding Yes No _____
- Door Casing: Square or Overhang _____

Closets

- Master Closet Considerations: _____
 - Shelving vs Drawers _____
 - Hanging Rods vs Shelving _____
 - Shoes/ Purses/ Jewelry/ Ties/ etc _____
- Bedroom Closets _____
 - Single vs. Double Rod _____
 - Custom Shelving? _____
- Hallway/ Pantry/ Linen _____
 - Number of Shelves/ Spice Rack _____
 - Baskets vs Drawers _____
 - Special Desires/ Requests _____

Kitchen Cabinets

- Stain or Paint Grade? _____
 - Color _____
- Shaker or Raised Panel? _____

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- Island _____
 - Island Overhang _____
 - Raised Bar Yes No _____
 - Microwave Yes No _____
 - Island Cooktop Yes No _____
- Special Cabinet Feat.? Yes No _____
- Trash/ Pot Draws/ Customizations/etc

- Cabinet Hardware Thoughts: _____

- Uppers vs open shelving? _____
- Vent Hood Yes No _____
- Special Notes: _____

Kitchen Countertops

- Material _____
- Thickness _____
- Edge Design _____

Wall Tile

- Backsplash Yes No _____
- Master Shower Yes No _____
- Guest Shower(s) Yes No _____
- Other Tile Considerations _____

Flooring

- Kitchen flooring? _____
- Bathroom flooring? _____
- Bedroom flooring? _____
- Living flooring? _____
- Concrete/ hardwood/ engineered wood/ vinyl plank/ laminate/ carpet/ tile/ other

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Paint

- Interior Wall: Color/ Sheen
 - Bathrooms
- Interior Trim: Color/ Sheen
- Exterior Wall
- Exterior Trim

Exterior:

Outdoor living

- Deck/ Patio Yes No
- Pergola Yes No
- Outdoor Kitchen Yes No
 - Gas? Yes No
 - Water? Yes No
 - Drain? Yes No

- Shed/ Shop/ Barn Yes No
 - Dimensions
 - Exterior Finish?

 - Electricity Needed? Yes No
 - Water & Drain Yes No
 - Other Notes
