

Homeowner(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Salesperson \_\_\_\_\_ Email \_\_\_\_\_



**Thank you for contacting us about your remodeling plans.**

This sheet is a starting point for our first meeting. Your answers will help bring the project into focus, define problems and prioritize issues and areas that need to be addressed.

**Please describe what you "hate" about your home and what "Just does not work for you".**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please list all items you "must have" included with this project.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please list any items you "would like to have.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Are there any materials, colors, or items that you would not want to have?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Check problem areas.**

**INTERIOR**

- Kitchen
- Bathroom(s)
- Closets
- Bedrooms
- Basement
- Family Room
- Den
- Home Office
- Lighting
- Elect. Service
- Plumbing
- Storage
- Insulation
- H/AC
- Flooring
- Windows

**EXTERIOR**

- Roofing
- Gutters
- Siding
- Windows
- Doors
- Water Problems
- Foundation
- Trim
- Deck
- Garage