

Client Specifications Form

Client Name: _____

Plan: _____

Exterior

Framing (Exterior Walls)

- 2 x 4
 2 x 6

Crawlspace Foundation

- Stucco
 Brick

Roofing

- Asphalt Shingles
 Metal
 Aluminum
 Other:

Exterior Finish

- Vinyl
 Fiber Cement
 Wood
 Brick
 Other:

- Shutters
 Gutters

Decking/Porch

- Pressure Treated lumber
 Composite (Trex™ or other)
 Specialty Hardwood (Ipe or other)
 Concrete
 Other:

Exterior Railing

- Pressure Treated lumber
- Composite (Trex™ or other)
- Other:

Windows

- Single Hung
- Double Hung
- Impact Resistant (Coastal application)

Notes:

Interior

Flooring

Entry	<input type="checkbox"/>	Hardwood	<input type="checkbox"/>	Carpet	<input type="checkbox"/>	Tile
Living Rm	<input type="checkbox"/>	Hardwood	<input type="checkbox"/>	Carpet	<input type="checkbox"/>	Tile
Hall(s)	<input type="checkbox"/>	Hardwood	<input type="checkbox"/>	Carpet	<input type="checkbox"/>	Tile
Dining	<input type="checkbox"/>	Hardwood	<input type="checkbox"/>	Carpet	<input type="checkbox"/>	Tile
Kitchen	<input type="checkbox"/>	Hardwood	<input type="checkbox"/>	Carpet	<input type="checkbox"/>	Tile
Family	<input type="checkbox"/>	Hardwood	<input type="checkbox"/>	Carpet	<input type="checkbox"/>	Tile
Master Bd	<input type="checkbox"/>	Hardwood	<input type="checkbox"/>	Carpet	<input type="checkbox"/>	Tile
M. Bath	<input type="checkbox"/>	Hardwood	<input type="checkbox"/>	Carpet	<input type="checkbox"/>	Tile
Bed 2	<input type="checkbox"/>	Hardwood	<input type="checkbox"/>	Carpet	<input type="checkbox"/>	Tile
Bed 3	<input type="checkbox"/>	Hardwood	<input type="checkbox"/>	Carpet	<input type="checkbox"/>	Tile
Bed 4	<input type="checkbox"/>	Hardwood	<input type="checkbox"/>	Carpet	<input type="checkbox"/>	Tile
Bed 5	<input type="checkbox"/>	Hardwood	<input type="checkbox"/>	Carpet	<input type="checkbox"/>	Tile
Bonus	<input type="checkbox"/>	Hardwood	<input type="checkbox"/>	Carpet	<input type="checkbox"/>	Tile
Bath 2	<input type="checkbox"/>	Hardwood	<input type="checkbox"/>	Carpet	<input type="checkbox"/>	Tile

Bath 3	<input type="checkbox"/>	Hardwood	<input type="checkbox"/>	Carpet	<input type="checkbox"/>	Tile
½ Bath	<input type="checkbox"/>	Hardwood	<input type="checkbox"/>	Carpet	<input type="checkbox"/>	Tile
Laundry	<input type="checkbox"/>	Hardwood	<input type="checkbox"/>	Carpet	<input type="checkbox"/>	Tile

Counter Tops

Kitchen	<input type="checkbox"/>	Granite	<input type="checkbox"/>	Formica	<input type="checkbox"/>	Other
Master Bath	<input type="checkbox"/>	Granite	<input type="checkbox"/>	Cultured Marble	<input type="checkbox"/>	Other
Bath 2	<input type="checkbox"/>	Granite	<input type="checkbox"/>	Cultured Marble	<input type="checkbox"/>	Other
Bath 3	<input type="checkbox"/>	Granite	<input type="checkbox"/>	Cultured Marble	<input type="checkbox"/>	Other
½ Bath	<input type="checkbox"/>	Granite	<input type="checkbox"/>	Cultured Marble	<input type="checkbox"/>	Other

Kitchen Appliances

<input type="checkbox"/> Range	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Induction
<input type="checkbox"/> Cooktop	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Induction
<input type="checkbox"/> Wall Oven			
<input type="checkbox"/> Microwave	<input type="checkbox"/> Over Range	<input type="checkbox"/> Wall	<input type="checkbox"/> Drawer
<input type="checkbox"/> Refrigerator			
<input type="checkbox"/> Dishwasher			

Plumbing Fixtures (Tubs/showers)

<input type="checkbox"/> Master shower	<input type="checkbox"/> Tile	<input type="checkbox"/> Fiberglass
<input type="checkbox"/> Master Tub	<input type="checkbox"/> Jetted	<input type="checkbox"/> Garden
<input type="checkbox"/> Bath 2	<input type="checkbox"/> Tile	<input type="checkbox"/> Fiberglass
<input type="checkbox"/> Bath 3	<input type="checkbox"/> Tile	<input type="checkbox"/> Fiberglass
<input type="checkbox"/> Other		

Plumbing Fixtures Finish

<input type="checkbox"/> Chrome
<input type="checkbox"/> Nickel
<input type="checkbox"/> Oil Rubbed Bronze
<input type="checkbox"/> Stainless
<input type="checkbox"/> Other

Ceiling Height(s)

<input type="checkbox"/> 1 st Floor	<input type="checkbox"/> 9'-0	<input type="checkbox"/> 10'-0
<input type="checkbox"/> 2 nd Floor	<input type="checkbox"/> 9'-0	<input type="checkbox"/> 10'-0
<input type="checkbox"/> 3 rd Floor	<input type="checkbox"/> 9'-0	<input type="checkbox"/> 10'-0

