



Date:

Customer Name:

Project Name/Location:

INITIAL DISCOVERY – SCOPE OF WORK

Project Definition (choose one):

- Custom Design
 AVID Pre-Design w/changes Plan Number:
 Other Designer Pre-Design w/changes The Customer has permission to use or license.

General Project Information:

<input type="checkbox"/> Yes; <input type="checkbox"/> No:	Is project to be built within an existing community? Location:
<input type="checkbox"/> Yes; <input type="checkbox"/> No:	Are all building codes, covenants and restrictions provided for this project? List them here:
<input type="checkbox"/> Yes; <input type="checkbox"/> No:	Is a Plot Plan, Site Plan and/or Survey being provided?
<input type="checkbox"/> Yes; <input type="checkbox"/> No:	Have pictures, photos, sketches or other illustrations been provided? List them here:
<input type="checkbox"/> Yes; <input type="checkbox"/> No:	Do these items provide all information required for this project? If no, complete form below.

Foundation (choose one):

<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Basement: Partial	<input type="checkbox"/> Post/Pole/Pier
<input type="checkbox"/> Crawlspace	<input type="checkbox"/> Basement: Full	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Daylight/Walkout location of Exposed foundation walls:		

General Design Criteria:

Architectural Style (specify):		
Square Footage Range: _____ to _____	Garage: <input type="checkbox"/> Attached; <input type="checkbox"/> Detached; <input type="checkbox"/> Tuck Under:	
Number of Levels/Stories: _____	Number of Garage Bays: _____	
Number of Bedrooms: _____	Garage Entry: <input type="checkbox"/> Front; <input type="checkbox"/> Side; <input type="checkbox"/> Rear; <input type="checkbox"/> Courtyard	
Number of Baths: Full= _____ Half= _____	ADA Compliant/Accessible? <input type="checkbox"/> Yes; <input type="checkbox"/> No	

Living Area Estimates:

Finished Living Area:		Unfinished Living Area:	
	Main Level		Bonus
	1 st Upper Level		Basement
	2 nd Upper Level		Other:
	Lower Level/Basement		Other:
	Total Finished Area (Square Feet)		Total Unfinished Area (Square Feet)
	Garage/s: <input type="checkbox"/> 1-Bay; <input type="checkbox"/> 2-Bay; <input type="checkbox"/> 3-Bay; <input type="checkbox"/> Other (specify)		
	Covered Porch/es – Front		
	Covered Porches/Verandas – Side & Rear		
	TOTAL AREA "UNDER ROOF"		

Site Information:

Lot Width: _____ Lot Depth: _____	Set back front: _____ ; Set back side: _____
Maximum Building Width: _____ Depth: _____	Easements or right-of-way: <input type="checkbox"/> Yes; <input type="checkbox"/> No

Exterior Design Elements:

Roof Pitch (if any): Min: _____ Max: _____	Exterior Wall Framing:
Roof Style:	Exterior Siding:
Roofing Material:	Window Type/Style:
Rear Deck: <input type="checkbox"/> Covered; <input type="checkbox"/> Uncovered	



Interior Design Elements:

Ceiling Heights: Main= Upper= Lower= Other=	
Laundry Location: <input type="checkbox"/> Lower; <input type="checkbox"/> 1st; <input type="checkbox"/> 2nd; <input type="checkbox"/> Other:	
Master Suite Location: <input type="checkbox"/> Lower; <input type="checkbox"/> 1st; <input type="checkbox"/> 2nd; <input type="checkbox"/> Other:	
Master Bedroom Options (select all that apply): <input type="checkbox"/> Adjoining room (such as a study or a nursery) <input type="checkbox"/> Double Doors (as the main entrance to the bedroom) <input type="checkbox"/> Dual Access (access from two heated areas of the home) <input type="checkbox"/> Fireplace <input type="checkbox"/> Outdoor Access to <input type="checkbox"/> Porch; <input type="checkbox"/> Patio; <input type="checkbox"/> Other: <input type="checkbox"/> Sitting Area <input type="checkbox"/> Walk-In Closet <input type="checkbox"/> Dual Vanity <input type="checkbox"/> Knee Space	<input type="checkbox"/> Morning Kitchen <input type="checkbox"/> Coffee Counter <input type="checkbox"/> Shower/tub combo <input type="checkbox"/> Shower (shower stall only) <input type="checkbox"/> Tub (tub only) <input type="checkbox"/> Spa/Whirlpool/Soaking <input type="checkbox"/> Private toilet (enclosed by its own door) <input type="checkbox"/> Number of sinks: <input type="checkbox"/> Other:
Kitchen Features (select all that apply): <input type="checkbox"/> Eat-in (room for a table within the kitchen work area) <input type="checkbox"/> Formal Dining Room (separate from a more casual meal area) <input type="checkbox"/> Nook (a casual meal area adjacent to the kitchen) <input type="checkbox"/> Open Layout (open to at least 2 other rooms) <input type="checkbox"/> Island (not anchored to a wall or ceiling) <input type="checkbox"/> Walk-in Pantry	<input type="checkbox"/> Double Oven <input type="checkbox"/> Cook top <input type="checkbox"/> Snack Bar <input type="checkbox"/> Pantry <input type="checkbox"/> Butler's Pantry <input type="checkbox"/> Menu Desk (built-in desk near the kitchen) <input type="checkbox"/> Other:
Rooms (select all that apply): <input type="checkbox"/> Bonus Room/Future Area Location: <input type="checkbox"/> Computer Room/Computer Nook <input type="checkbox"/> Den <input type="checkbox"/> Exercise Room <input type="checkbox"/> Family Room/Great Room <input type="checkbox"/> Hearth/Keeping Room <input type="checkbox"/> Hobby Room <input type="checkbox"/> In-law/Guest/Maid <input type="checkbox"/> Library	<input type="checkbox"/> Home Office <input type="checkbox"/> Living Room <input type="checkbox"/> Loft/Balcony <input type="checkbox"/> Media Room <input type="checkbox"/> Owner's Choice/Multipurpose <input type="checkbox"/> Parlor/Sitting Area <input type="checkbox"/> Rec./Game/Playroom <input type="checkbox"/> Study/Office <input type="checkbox"/> Sun Porch/Sun Room <input type="checkbox"/> Other:
Fireplaces please indicate type/location of all fireplaces <input type="checkbox"/> Gas; Locations: <input type="checkbox"/> Wood-Burning; Locations:	
Extras (select all that apply): <input type="checkbox"/> 2 separate stairways to upper floor <input type="checkbox"/> Courtyard (area enclosed partly by the house or wall) <input type="checkbox"/> Deck <input type="checkbox"/> Outdoor Hot Tub/Spa <input type="checkbox"/> Patio/Terrace <input type="checkbox"/> Pool <input type="checkbox"/> Porch <input type="checkbox"/> Front; <input type="checkbox"/> Rear; <input type="checkbox"/> Both; <input type="checkbox"/> Other: <input type="checkbox"/> Screened Porch <input type="checkbox"/> Skylight(s); Rooms: <input type="checkbox"/> Other:	<input type="checkbox"/> Elevator <input type="checkbox"/> Outdoor Kitchen: <input type="checkbox"/> Range <input type="checkbox"/> Oven <input type="checkbox"/> Sink <input type="checkbox"/> Refrigerator <input type="checkbox"/> Other: <input type="checkbox"/> Wet Bar <input type="checkbox"/> Woodstove <input type="checkbox"/> Workshop/Workbench <input type="checkbox"/> Other:

What else can you tell us about this project?

ACCEPTED & AGREED: Yes; No; This Initial Discovery is accepted as the Scope of Work for this project.

Client Signature: _____

Date: _____

AVID Signature: _____

Date: _____