

ACTON ARCHITECTURE AND PLANNING
ARCHITECTURAL PREFERENCES QUESTIONNAIRE

Room/Area Name: BREAKFAST/FAMILY ROOM

Approximate Room/Area Dimensions: _____

Daylight Quality: AM/PM Comments: _____

Views:

Important/Unimportant Comments: _____

Window Size: Large/Small Comments: _____

Skylights: Yes/No Large/Small One/More than one

Furniture List: (Show on back with approximate height, width, and depth of each piece)

Storage Requirements:

Linear feet of cabinetry/counters: _____

Linear feet of shelving: _____

Linear feet of closet: _____

Fireplace: Yes/No

Art Display

Yes/No

Comments: _____

Paintings/Sculpture/Crafts

Comments: _____

Linear feet of wall display

Comments: _____

Display Shelves/Display Nichos for sculpture and crafts Comments: _____

Wet Bar: Yes/No Dry Bar: Yes/No

Access to outside: Yes/No Comments: _____

Entertainment Center: Yes/No

Ceiling Height: High/Low

Specify 8 ft., 9 ft., 10 ft., 11 ft., 12 ft., to bottom of beam or viga

Comments: _____

Building Materials:

Ceiling: Specify beams, vigas, latillas, gypsum board, other _____

Floor: Specify saltillo tile, brick, hardwood, cement, other _____

Walls: Specify plaster, gypsum board with paint, other _____

Other

comments: _____
