

ACTON ARCHITECTURE AND PLANNING
ARCHITECTURAL PREFERENCES QUESTIONNAIRE

Room/Area Name: LIVING PORTAL

Approximate Room/Area Dimensions: _____

Daylight Quality: AM/PM Comments: _____

Views:

Important/Unimportant Comments: _____

Furniture List: (show on back with approximate height, width and depth of all pieces)

Access to interior rooms: (**underline desired rooms**) Kitchen Dining Living

Master Bedroom Study Guest Suite Other: _____

Fireplace: 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: _____

