



CLIENT PROJECT QUESTIONNAIRE

Name:	Dat	te
Address:		
City:	State:	Zip:
Email Address:		
Phone:		
What type of work do you require? Remodel	Addition	New Construction
Describe the scope of work of your project?		
What is your timeline? (Start time)		
Have you ever been through the building proce	ess before? Yes	No
Have you prepared a budget? Yes No WI	hat is it?	
Are you working with a Contractor? Yes N	To Contractors	Name:
Are you working with an Architect? Yes N	Io Architects N	Name:
What costs have you budgeted for the Architec	et?	
What type of involvement do you want the Ard	chitect to have?	
Construction Design Construction Documents Bidding Construction Administration		
Architects' other area of involvement (If Appl	icable)	
Do you have financing in place? Yes N	Io Wha	at type of financing?