

## **E-DESIGN SURVEY DOCUMENT**

Name:

Cell:

**Email:** 

**Downey Design LLC** 

Julie Downey, CIDQ, ASID, RID julie@downeydesignllc.com

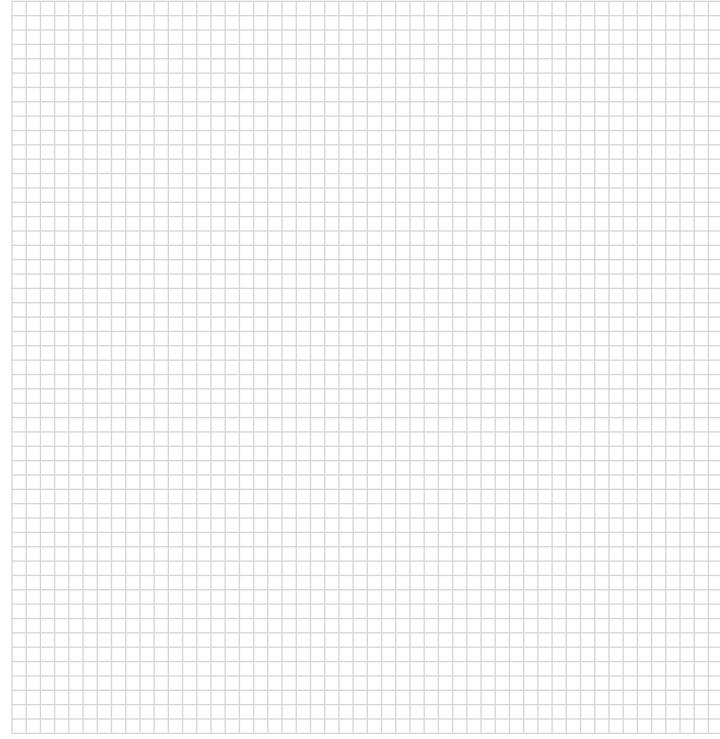
713.240.5377

Room / Area:

Consultation Purchased:

Date:

## 1. Sketch in the Room Size/Shape and Dimensions & Ceiling Height



	f lighting is essential to selecting the tch or note on the plan above)
	the windows.
<ul><li>Artificial Lighting:</li><li>Incandescent - T</li></ul>	ypical Light Bulb 100 W / 60 W
bulb in a lamp)	May be the strip lights in your Kitchen or a
• LED Lights -	
In Your Own Words:	(Describe your light fixtures, lighting, and do you have enough
light?)	
Existing Finishes in th	e room: (Circle type and describe)
Millwork & Wood Trim: Stained Finish or Painted	
Flooring: Wood Floor, Carpet, Area Rug, Tile, Stone	
Hardware Finish: Door Hardware, Cabinet Hardware	
Lighting Finish: Chandeliers, Lamps	

and Assembly

**Plumbing Finish:** Faucets, Shower Head

## 4. In Your Own Words: Describe your design preference and style.

"Colors" you Like and Why	
"Atmosphere and Mood" you want in your Room	
Activities and Function of the Room	
Direction Of Natural Light when you look out the window what direction is it? (North, South, East West)	
Any additional Information you can add	

**5. PHOTOS:** Number Photos and give any additional information about the space.

1	2
3	4
5	6