

OLDE ORLEANS DESIGNS, INC.



Date: _____

Name: _____

Billing Address: FIRST LAST SPOUSE FIRST SPOUSE LAST

Phone: STREET CITY STATE ZIPCODE
() MOBILE/OFFICE/HOME () SPOUSE MOBILE/OFFICE/HOME

E-mail: _____

Property Location: Lot #: _____
Sq. Parish: Lot Size: X
Gross Sq. Ft.: Living Sq. Ft.:
No. of Stories: Roof Pitch: Garage
Ceiling Ht.: 1st 2nd 3rd
Front Setback: Rear Setback: Side Setback:

ROOM SIZES

Bedrooms: Mst: x Mst. Clo: x Mst. Ba: x
 #2 x Clo: x #3 x Clo: x
 #4 x Clo: x #5 x Clo: x
 Ba #2: x Ba#3: x Ba#4: x Ba#5: x

Great Rm: x Bar/Wine Celler: x Study: x
 Dining Rm: x Breakfast: x Pantry: x
 Kitchen: x Island Microwave Butlers Pantry
 Refrigerator Oven Cooktop Ice Maker Freezer
 Utility: x Sink Top Load Washer Side Load Washer
 Garage/Carport: x Door Size: x
 Pool: x Gameroom: x Cabana: x
 Patio: x Exterior Kitchen Sink Refrigerator Grill

Other: _____

Exterior Style: _____

Material: _____

Drop Brick Ledge Ht.: Eave Mat.: Front Door:

Foundation Type: Slab - Post-Tension Conventional Steel
Pier - Concrete Block Wood Piling