

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 Style: _____ Pilings No Pilings