



Nelson Design / Renovation/Addition Wish List Collaboration

Name: _____ Date: _____ Property Location / Proposed building / Fire Number

Address: _____

Email address: _____

Home Phone: _____

Cell Phone: _____

When are you planning to build? _____ Budget? _____ Sq. Footage _____

PLEASE ATTACH PROPERTY DESCRIPTION AND LOT CERTIFICATE IF AVAILABLE
INCLUDING LOT SETBACKS EXISTING FEATURES ei: Well, Sewer, etc.

ORIENTATION SKETCH (please sketch existing space with added or changed spaces)

EXTERIOR FINISH INSTRUCTIONS: Mark applicable items with the letter A, B, or C with respect to its priority. Mark items with numbers when applicable. If no item best represents your needs, describe your needs on the space provided. If the sections doesn't match your needs please mark an N/A.

BUILDING TYPE /STYLE (check all that apply) Keep existing style

Single story ranch Contemporary Arts and Crafts A-Frame
 Two Story Traditional Victorian Other _____
 Chalet w/ Loft Rustic Plantation _____

WINDOWS (if they will be needed)

TYPE: Casement Double hung Awning Slide By Other _____

SPECS: Wood window Clad window indicate color: White___ Brown___ Green___ Gray___ Bronze___ Other_____
 Rectangular grids Simulated divided lite True divided lite

DOORS (if they will be needed)

Exterior: Wood panel Steel panel insulated Fiberglass panel Wood veneered steel panel

Interior: Wood panel Wood flush Paintable hardboard panel
 Birch Oak Pine Cherry Poplar Luaun

EXTERIOR SIDING Match existing

Beveled rough cedar 1/2 Log pine 1/2 Log cedar Full log w/ corners
 Cedar shingles Channel rustic cedar Sheet siding Vinyl siding
 Aluminum siding Concrete siding Slab wood w/ chinking Eng. wood
 Other (describe below) _____

ROOF STYLE Match existing

Steep pitch Medium pitch Low pitch Flat roof
 Pitched dormers Shed dormers Gable roofs only Hip roofs only
 Combinations of hips and gables____ Other (describe) _____

ROOFING Match existing

Asphalt shingles (std.) Cedar sawn shingles metal roofing
 Asphalt simulated shake Cedar handsplit shake other _____

FASCIA / SOFFIT _____ Match existing

____ Rough sawn cedar fascia ____ Aluminum fascia ____ Aluminum soffit

____ Painted wood fascia ____ Smart-trim fascia ____ Rough sawn fir soffit

Describe other fascia and soffit ideas _____

WINDOW AND CORNER TRIM _____ Match existing

____ Rough sawn cedar ____ Vinyl trim ____ Vertical log corners

____ Painted wood trim ____ Smart-trim ____ Rough sawn timber corners

____ Other (describe) _____

GARAGE

____ Attached ____ (1) Car ____ (2) Car ____ (3) Car Approximate size required _____

____ Detached ____ (1) Car ____ (2) Car ____ (3) Car Approximate size required _____

____ Storage above ____ Loft space above ____ Loft w/ dormers above Number of windows req. _____

Garage doors ____ 16' x 7' ____ 12' x 7' ____ 9' x 7' Other size ____ x ____ Number of doors _____

Door type ____ Wood panel ____ Steel insul. panel ____ Steel insul. flush ____ Flush hardboard _____

Service doors Number of doors _____ Size of doors _____ Workbench _____ size: ____ X ____

Types and quantity of vehicles to be stored ____ Pick-Up/SUV ____ Car ____ Boat ____ Atv / Utv / Snomobile / Motorcycle

PORCHES AND DECKS

____ Wood deck ____ Smooth concrete ____ Exposed aggregate ____ Flagstone ____ Brick ____ Tile

____ Grill size ____ x ____ ____ Custom built grill

____ Built-in seating ____ Built-in planters Describe type of railings _____

BASEMENT TYPE / SPECIFICATIONS

____ To be finished at time of construction ____ To be finished Later

____ Full basement ____ Full basement. w/ walkout ____ Partial basement ____ Crawl space only

____ Split entry/half grade ____ Poured concrete walls ____ Block wall ____ Wood foundation

____ Insulated Concrete Forms

ANY OTHER EXTERIOR FINISH IDEAS

INTERIOR SPACES INSTRUCTIONS: Mark applicable items with the letter A, B, or C with respect to its priority. Mark items with numbers when applicable. If no item best represents your needs, describe your needs on the space provided. If you wish to omit a space or room from your plan please mark with N/A.

KITCHEN_____

___L Shape ___J Shape ___U Shape ___Galley
___Work island ___Sink in island ___Island seating ___Number of seats
___Open to dining room ___Access to mudroom ___Access to garage
___D. W. ___Refg. (std. or S. S.) ___Cooktop ___Dbl. ovens ___Oven / M. W. combination
___Conventional oven and range ___Compactor ___Garbage disposal ___Pantry closet or cabinet
___Window above kitchen sink ___D. W. (right or left) of sink ___Sink and D. W. in island
___Cooktop in island ___Exhaust hood ___Custom exhaust hood (above island)
___Lakeview ___Side yard view ___Rear entry view Special features describe_____

DINING ROOM_____

Dining table ___x___ Breakfront or hutch ___x___ Server or side table ___x___
Seating ___ to ___ persons Open to kitchen____ Access to decks ____ Access to screen porch
Closed in from kitchen____ Vaulted ceiling ____ Flat ceiling ____ Exposed trusses, beams or logs
Special features describe_____

SCREEN PORCH / SUN ROOM_____

___ (4) Season ___ (3) season ___ Screen only ___ Roof only ___ Wood deck ___Indoor / outdoor carpet
___ Vaulted ceiling ___Access to deck ___Access to kitchen ___Access to dining room
Approximate size required ___x___ describe special features, and or use_____

BREAKFAST NOOK_____

___Open to dining room ___Access to deck ___Access from kitchen ___Access from kitchen and dining
Table size ___x___ Seating for ___to___ persons ___Built-in benches ___ Vaulted ceiling
Other features_____

GREAT/LIVING ROOM (mark applicable items with A, B, or C with respect to priority)

FIREPLACE TYPE	FIREPLACE LOCATION	HEARTH DESCRIPTION
<input type="checkbox"/> Zero clearance gas	<input type="checkbox"/> Corner opposite lakefront	<input type="checkbox"/> Single opening ___ W. x ___ ht.
<input type="checkbox"/> Zero Clearance Wood	<input type="checkbox"/> Wall adjacent to lakefront	<input type="checkbox"/> (2) Sided opening ___ W. x ___ ht.
<input type="checkbox"/> Masonry, brick, or stone	<input type="checkbox"/> Wall opposite lakefront	<input type="checkbox"/> See thru opening ___ W. x ___ ht.

WINDOW WALL (MAIN)	TRANSOMS	(SPECIAL TREATMENTS) describe below
<input type="checkbox"/> Patio doors	<input type="checkbox"/> Trapezoids	_____
<input type="checkbox"/> Casement windows	<input type="checkbox"/> Round tops	_____
<input type="checkbox"/> Double hung windows	<input type="checkbox"/> 1/4 rounds	_____
<input type="checkbox"/> Awnings	<input type="checkbox"/> Rectangles	_____

CEILING	SPECIALTIES	FEATURES
<input type="checkbox"/> Vaulted	<input type="checkbox"/> Log columns	<input type="checkbox"/> Open to dining room
<input type="checkbox"/> Vaulted w/ beams	<input type="checkbox"/> Timber columns	<input type="checkbox"/> Open to foyer
<input type="checkbox"/> Vaulted w/ exposed trusses	<input type="checkbox"/> Open staircase	<input type="checkbox"/> Exit to decks
<input type="checkbox"/> Vaulted w/ exposed logs	<input type="checkbox"/> Bookcases	<input type="checkbox"/> other describe _____
<input type="checkbox"/> Flat w/ 8 ft. ht.	<input type="checkbox"/> Entertainment center	_____
<input type="checkbox"/> Flat w/ other ht. _____	<input type="checkbox"/> T.V. Size _____	_____

FURNITURE AND ACCESSORIES (Indicate number of pieces if more than one)

<input type="checkbox"/> Sofa	<input type="checkbox"/> ottoman	<input type="checkbox"/> Coffee table	<input type="checkbox"/> Other (describe) _____
<input type="checkbox"/> Loveseat	<input type="checkbox"/> Sectional	<input type="checkbox"/> End tables	_____
<input type="checkbox"/> Chairs	<input type="checkbox"/> Armoire	<input type="checkbox"/> Floor lamps	_____
<input type="checkbox"/> Recliners	<input type="checkbox"/> Curio	<input type="checkbox"/> Game table	_____

DESCRIPTION OF SPECIAL FEATURES NOT INDICATED ABOVE

MASTER BEDROOM (indicate number of pieces)

BED SIZE

DRESSERS

MISC.

___ King	___ Highboy	___ Armoire	___ Fax
___ Queen	___ Double	___ Blanket chest	___ Stereo speakers
___ Double	___ Triple	___ Reading chair	___ Telephone
___ Twins	___ Built-in	___ Desk	___ other _____
___ Cal. King	___ Nightstands	___ T.V.	_____

WINDOW WALL (MAIN)

(TRANSOMS)

(SPECIAL TREATMENTS) describe below

___ Patio Doors	___ Trapezoids	_____
___ Casement windows	___ Round tops	_____
___ Double hung	___ 1/4 Rounds	_____
___ Awnings	___ Rectangles	_____

CEILINGS

___ Vaulted ___ Flat w/ 8 ft. ht. ___ Flat w/other ht. _____ Describe any other features:

WALK IN CLOSET _____

___ Hanging space in feet _____	___ His and hers separated	___ Access from bath only
___ Built-in dressers	___ Access from bedroom only	___ Access from bdrm. and bath
___ Window for ventilation	___ Sitting bench	___ Full length mirror

MASTER BATH _____

VANITY

SHOWER

___ Single bowl _____ length in inches	___ 36" x 36"	___ Neo-angle	___ Acrylic module
___ Double bowl _____ length in inches	___ 36" x 48"	___ Custom size	___ Ceramic tile
___ His and hers separated	___ 36" x 60"	___ Tub / shower	___ Corian / other
		___ Doorless shower	

MASTER BATH (Continued)

WATER CLOSET

___ Private room w/ door
___ Private alcove no door
___ Semi private
___ Bidet

WHIRLPOOL BATH___

___ Corner tub _____ size _____ number of persons
___ Straight tub _____ size _____ number of persons
___ One pc. unit including skirt ___ Deck mounted tub (custom)
___ "Clawfoot" tub
___ Other (describe) _____

MISC.

___ Linen closet ___ Make-up area ___ Mirrored wall ___ Vaulted ceiling
___ Heat lamps ___ Stereo speakers ___ Exhaust fan ___ Medicine cabinet

POWDER ROOM_____

Vanity size _____ Linen closet _____

Window Yes ___ No ___ Other (describe) _____

Describe best location in relation to other rooms _____

LAUNDRY / MUDROOM_____

___ Std. washer and dryer ___ Folding area ___x___ ___ Lower cabinet storage
___ Compact / stacked washer and dryer ___ Fold-away ironing center ___ Coat closet ___x___
___ Sink (describe) _____ ___ Storage closet _____ size in feet ___ Sitting Bench

___ Upper cabinet storage ___ Coat Hooks ___ Cubbies
___ Access to; ___ Garage ___ Kitchen ___ Foyer ___ Other (describe) _____
___ Window (yes) or (no) ___ Exit to outside

STAIRS (IF NEEDED) _____

CONFIGURATION / LOCATION

___ Straight ___ U-Shape ___ L-Shape ___ Circular ___ Angular ___ Open rail ___ Closed in
___ 1/2 partition wall ___ Window (yes) or (no) ___ Open to foyer ___ Open to great room
___ Open to dining room ___ Special construction (logs, timbers, etc.) describe _____

BATH NO. 2 _____

___ Tub Shower Module ___ Shower only (circle size) 36" x 36" 36" x 48" 36" x 60"

___ Vanity (single sink) ___ Custom shower ___x___ Neo-angle shower ___x___

___ Vanity (double sink) ___ Private toilet room ___ Toilet alcove ___ Linen closet

___ Access to bedroom only ___ Access to bedroom and hall ___ Access to hall only

___ Window required ___ Window not required ___ Exhaust fan ___ Heat lamp

___ Other (describe) _____

BEDROOM NO. 2 _____

Bed size _____ Number of beds _____ Dressers ___x___ ___x___ Chair _____ T. V. _____

Phone / Fax _____ Desk _____ Approximate size ___x___ Closet hanging space (in Feet) _____

Other (describe) _____

BATH NO. 3 _____

___ Tub Shower Module ___ Shower only (circle size) 36" x 36" 36" x 48" 36" x 60"

___ Vanity (single sink) ___ Custom Shower ___x___ Neo-angle shower ___x___

___ Vanity (double sink) ___ Private toilet room ___ Toilet alcove ___ Linen closet

___ Access to bedroom only ___ Access to bedroom and hall ___ Access to hall only

___ Window required ___ Window not required ___ Exhaust fan ___ Heat lamp

Other (describe) _____

BEDROOM NO. 3 _____

Bed size _____ Number of beds _____ Dressers ___x___ ___x___ Chair _____ T. V. _____

Phone / Fax _____ Desk _____ Approximate room size ___x___ Closet hanging space (in feet) _____

Other (describe) _____

BEDROOM NO. 4 _____

Bed size _____ Number of beds _____ dressers _____ x _____ x _____ Chair _____ T. V. _____

Phone / Fax _____ Desk _____ Approximate room size _____ x _____ Closet hanging space (in feet) _____

Other (describe) _____

BEDROOM NO. 5 _____

Bed size _____ Number of beds _____ Dressers _____ x _____ x _____ Chair _____ T. V. _____

Phone / Fax _____ Desk _____ Approximate room size _____ x _____ Closet hanging space (in feet) _____

Other (describe) _____

FAMILY ROOM

____ Fireplace (circle type) wood or gas burning ____ Bookcases ____ T. V. ____ Entertainment center

____ Bar (Wet / Dry) ____ Pool table ____ Stereo speakers ____ Exit to decks or patio

Furniture and Accessories; ____ Sofa ____ Loveseat ____ Chairs ____ Recliners ____ Sectional

____ Armoire ____ Coffee Table ____ Floor Lamps ____ End Tables ____ Game Table

Other (describe) _____

DEN / STUDY

____ Bookcases ____ Desk ____ Computer station ____ Fax ____ Telephone ____ T. V.

____ Lakeview ____ Access from M. Bdrm. ____ Access from great room ____ Access from kitchen

Special features (describe) _____

LOFT / SITTING ROOM

Describe features if applicable _____

EXERCISE ROOM

Describe equipment or space required _____

STORAGE ROOMS

Describe type of storage space needed, workbenches etc. _____

STUDIO / HOBBY ROOM

Describe space required, windows or special lighting, clean-up sinks etc. _____

OTHER ROOMS

HEATING / VENTILATING / AIR CONDITIONING

Which is more important to you? ___Efficiency ___Performance

___ Gas forced air ___Electric baseboard ___Electric in slab heat ___Electric heat storage

___ Gas hot water baseboard ___ Gas hot water in slab heat ___ Gas fireplace / space heater

___ Gas hot water in slab w/ hot air combination ___Air conditioning ___Air exchanger

Please fill out as much of the form as possible, this will help us to fully understand your project. When finished please send your Home wish list collaborations to Nelson Lumber using one of the following methods:

- 1. Scan and send:
 - a. Email to nlfctcs@cheqnet.net
 - b. Share using a Dropbox folder. Send invite to nlfctcs@cheqnet.net
- 2. Enclose all documents in an envelope and mail to:
 - a. 16015W Nursery Rd.
Hayward, WI 54843