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DESIGN BRIEF FOR INTERIOR DESIGN

CLIENT		
PROJECT TITLE		
CLIENT NAME		
AUTHOR NAME	TITLE	DATE
AUTHOR NAME		DAIL
CONTACT INFO		
POINT OF CONTACT NAME	EMAIL ADDRESS	PHONE
MAILING ADDRESS		
PROJECT OVERVIEW		
LOCATION provide property addre	ess and specific floor(s) / area(s), if applicable	
ROOM(S)		
PROPERTY USE how is the space u	sed? Is the property residential? who lives at the property?	
PROJECT SCOPE		

STYLE PREFERENCES

GENERAL	LIKES	
STYLE	DISLIKES	
COLORS	LIKES	
	DISLIKES	
PATTERNS	LIKES	
	DISLIKES	
TEXTILES	LIKES	
TEXTILES	DISLIKES	
FURNISHINGS	LIKES	
FUKNISHINGS	DISLIKES	
LICHTING	LIKES	
LIGHTING	DISLIKES	
WINDOW	LIKES	
TREATMENTS	DISLIKES	
EL OOPING	LIKES	
FLOORING	DISLIKES	
OTHER	LIKES	
	DISLIKES	

EXISTING FEATURES PERMANENT describe any features requested to stay the same, i.e. furnishings, colors, etc. ELEMENTS TO ENHANCE list any features to be highlighted ELEMENTS TO DISGUISE list any features to be disguised, i.e. support beams, heating / cooling units, etc. **NEW FEATURES** NEW ELEMENTS list any new elements to be incorporated NEW USE OF SPACE describe any features desired to be incorporated such as a new workflow or traffic patterns

MEASUREMENTS AND FL	OORPLAN SKETCH	1	

SCHEDULE
SCHEDULE OVERVIEW
IMPORTANT MILESTONES / DEADLINES
BUDGET
AMOUNT
ADDITIONAL FINANCIAL PROJECTIONS / NOTES
ADDITIONAL FINALING INCIDENCE AND
FURTHERMORE
include any additional critical information

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