



"YOUR BUILD DESIGN, CONSULTING & MANAGEMENT
SPECIALIST FOUNDATION THROUGH FINISH"

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OFFICE (586) 690-8664 * STEVE THE OWNERS MOBILE (586) 344-4289
CLICK ON LINK TO EMAIL US: buildyourownhomeservices@gmail.com

PROPERTY INFO REQUEST FOR RESIDENTIAL HOME BUILDING CONSULTATION

HOMEOWNER(S) NAME:

CURRENT ADDRESS:

CITY / ZIP CODE:

SUBDIVISION:

CROSS STREETS: N S E W OFF :

N S E W OF:

CONTACT NUMBERS:

HOME #:

WORK #:

CELL #:

CELL #:

E-MAIL:

E-MAIL:

ADDITIONAL INFO:

ADDITIONAL INFO:

OFFICE USE ONLY

DATE OF REQUEST

WEB SITE

INTERNET

FAMILY

FRIEND

FLIER/INSERT

REF. BY:



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PROPERTY INFO REQUEST FOR RESIDENTIAL HOME BUILDING CONSULTATION

DO YOU OWN THE PARCEL/LOT YOU ARE BUILDING YOUR HOME ON: YES: ☐ NO: ☐

DID THE CITY/TWP APPROVE YOUR PARCEL/LOT FOR RESIDENTIAL HOME BUILDING: YES: ☐ NO: ☐

APPROXIMATE SQ. FT. OF HOME TO BE BUILT: SQ. FT.

AMMENTIES WANTED & REQUESTED TO BE PART OF BUILD/BUILT

BASEMENT: YES: ☐ NO: ☐ IF YES BASEMENT IS IT TO BE FINISHED YES: ☐ NO: ☐
IF YES (SEE FINIHSED BASEMENT QUESTIONNAIRE)

POLE BARN: YES: ☐ NO: ☐ IF YES: WIDTH: LENGTH

IS WATER REQUESTED FOR POLE BARN: YES: ☐ NO: ☐ IF YES: COLD WATER: ☐ HOT WATER: ☐

PLUMB DRAIN FOR SINK AND INSTALL SINK IN POLE BARN: YES: ☐ NO: ☐

FLOOR DRAIN IN CONCRETE POLE BARN: YES: ☐ NO: ☐

IS THERE GOING TO BE A POND: YES: ☐ NO: ☐ IF YES: WIDTH: LENGTH
ACRES:

IS THERE EXISTING BUILDING(S) AMMENTIES ETC. EXITING ON THE LOT/PARCEL: YES: ☐ NO: ☐

IF YES DESCRIBE DETAILS: _____

TYPE OF WASTE SYSTEM WILL YOUR NEW HOME HAVE: CITY/TWP. SEWAGE: ☐ SEPTIC TANK: ☐

IS THE MAIN WASTE SEWER CONNECT ON YOUR SIDE OF THE STREET: YES: ☐ NO: ☐

TYPE OF WATER SYSTEM WILL YOUR NEW HOME HAVE: CITY/TWP.: ☐ WELL: ☐

APPROXIMATE HOME BUILDING BUDGET: \$

DO YOU HAVE ANY OTHER HOME BUILDING ESTIMATES: YES: ☐ NO: ☐ IF YES HOW MANY:

ON A SCALE FROM 1 TO 10 (10 BEING THE SIGNING OF CONTRACTS TO BUILD YOUR HOME):

PROJECTED START DATE FOR YOUR HOME BUILDING PROJECT:

ADDITIONAL INFORMATION:

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BUILD YOUR OWN HOME

SERVICES, LLC

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WHAT IS THE SIZE OF LOT: **WIDTH:** **LENGTH** **APPROXIMATE ACRES:**

DID THE CITY OR TOWNSHIP ASSIGN AN ADDRESS FOR THE PARCEL/LOT: **YES:** ☐ **NO:** ☐

DO YOU HAVE THE ADDRESS OF THE PARCEL/LOT TO BE BUILT ON: **YES:** ☐ **NO:** ☐

IF YOU HAVE THE ADDRESS OF THE PARCEL/LOT TO BUILD ON:

STREET ADDRESS:

CITY / ZIP CODE:

SUBDIVISION NAME: **LOT#**

DO YOU HAVE THE PARCEL I.D.#: **YES:** ☐ **NO:** ☐

IF YES WHAT IS THE PARCEL I.D.#:

IF YES TO A PARCEL I.D.# HAS THE LOT BEEN SPLIT WITH MULTIPLE PARCEL I.D. #: **YES:** ☐ **NO:** ☐

IF YES WHAT ARE THE PARCEL I.D.#: **I.D.#:**

I.D.#: **ID#:** **I.D.#:**

I.D.#: **ID#:** **I.D.#:**

HAS A SOIL PERKS TEST BEEN DONE ON YOUR LOT: **YES:** ☐ **NO:** ☐

IS A SOIL EROSION PERMIT REQUIRED BY THE CITY/TWP.: **YES:** ☐ **NO:** ☐ **UNKNOWN:** ☐

IF YES BEEN APPLIED FOR OR ISSUED: **YES:** ☐ **NO:** ☐ **YES & EXEPMT:** ☐

IF YES OR EXEPT WHAT IS THE PERMIT#:

ARE THE UTILITIES ELECTRIC & NATURAL GAS AT THE STREET: **YES:** ☐ **NO:** ☐ **UNKNOWN:** ☐

IF YES ARE THE MAIN UTILITY SOURCES ON YOUR SIDE OF THE STREET: **YES:** ☐ **NO:** ☐

UNKNOWN: ☐ **OR ACROSS THE STREET:** **YES:** ☐ **NO:** ☐ **UNKNOWN:** ☐

ARE YOU PLANNING ON USING OTHER ENERGY SOURCES FOR YOUR HOME: **YES:** ☐ **NO:** ☐

IF YES WHAT IS THE ENERGY SOURCE: **PROPANE:** ☐ **SOLAR:** ☐ **GEOTHERMAL:** ☐ **OTHER:** ☐

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DO YOU HAVE A SITE PLAN: YES: ☐ NO: ☐

IF YES YOU DO HAVE A SITE PLAN WHAT TYPE: ARCHITECTURAL ☐ OR ENGINEERING ☐

DO YOU HAVE A PLOT PLAN: YES: ☐ NO: ☐

IF YES YOU HAVE AN ENGINEERING COMPANY PLEASE LIST THE NAME, ADDRESS AND PERSON(S) OF CONTACT

DO YOU HAVE THE ENGINEERING REPORT YES: ☐ NO: ☐

ARE YOU WORKING WITH AN ENGINEERING COMPANY: YES: ☐ NO: ☐

COMPANY NAME:

STREET ADDRESS:

CITY / ZIP CODE:

CONTACT NAME & TITLE:

ALTERNATE CONTACT NAME TITLE:

ENGINEERING COMPANY CONTACT INFO:

OFFICE #: ()

CONTACT NAME & TITLE CELL #: ()

E-MAIL: @

ALTERNATE CONTACT CELL #: ()

ALTERNATE EMAIL: @

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DO YOU HAVE THE SURVEY REPORT: YES: ☐ NO: ☐

ARE YOU WORKING WITH A SURVEY COMPANY:

YES: ☐ NO: ☐ SAME AS ENGINEERING COMPANY: ☐

IF YES YOU HAVE A SEPARATE SURVEY COMPANY OTHER THAN THE ENGINEERING COMPANY
PLEASE LIST THE NAME, ADDRESS AND PERSON(S) OF CONTACT

COMPANY NAME:

STREET ADDRESS:

CITY / ZIP CODE:

CONTACT NAME & TITLE:

ALTERNATE CONTACT NAME TITLE:

SURVEY COMPANY CONTACT INFO:

OFFICE #:

CONTACT NAME & TITLE CELL #:

E-MAIL:

ALTERNATE CONTACT CELL #:

ALTERNATE EMAIL:

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DO YOU HAVE A STRUCTURAL ENGINEER WORKING ON YOUR PROJECT: YES: ☐ NO: ☐

IF YES YOU HAVE A STRUCTURAL ENGINEER PLEASE LIST THE NAME, ADDRESS AND PERSON OF CONTACT

COMPANY NAME:

STREET ADDRESS:

CITY / ZIP CODE:

CONTACT NAME & TITLE:

ALTERNATE CONTACT NAME TITLE:

STRUCTURAL ENGINEERING COMPANY CONTACT INFO:

OFFICE #:

CONTACT NAME & TITLE CELL #:

E-MAIL:

ALTERNATE CONTACT CELL #:

ALTERNATE EMAIL:



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DO YOU HAVE AN ARCHITECT WORKING ON THE HOME BUILDING PROJECT: YES: ☐ NO: ☐

IF YES YOU HAVE AN ARCHITECT PLEASE LIST THE NAME, ADDRESS AND PERSON OF CONTACT

COMPANY NAME:

STREET ADDRESS:

CITY / ZIP CODE:

CONTACT NAME & TITLE:

ALTERNATE CONTACT NAME TITLE:

ARCHITECT COMPANY CONTACT INFO:

OFFICE #:

CONTACT NAME & TITLE CELL #:

E-MAIL:

ALTERNATE CONTACT CELL #:

ALTERNATE EMAIL:

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