BUILD YOUR OWN HOME
SERVICES, LLC
"YOUR BUILD DESIGN, CONSULTING & MANAGEMENT SPECIALIST FOUNDATION THROUGH FINISH"

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

DATE: October 9, 2025

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

HAVE YOU PURCHASED 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.

IS THERE LAND CLEARING OR CIVIL ENGINEERING NEEDED FOR PERMIT APPROVAL: YES: __ NO: __

IS THERE ANY LAND ELEVATION, TOPO, WATER, TRIBAL OR MINERAL RESTRICATIONS: YES: __ NO: __

IS THERE A TREE SPICIES RESTRICATION OF REMOVAL/REPLACE WITH TREE FUND YES: __ NO: __

SLAB:YES: __ NO:__ CRAWL SPACE:YES: __ NO: __PIERS:YES: __ NO: __ BASEMENT:YES: __ NO: __

IF YES: BASEMENT TYPE: _____ IF YES: IS BASEMENT TO BE FINISHED YES: __ NO: __

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

IF CITY/TWP. SEWAGE IS THE 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 BUILDING PROJECT: _____

AMMENITIES WANTED & REQUESTED TO BE PART OF BUILD/BUILT

GARAGE: YES: __ NO: __ IF YES: HOW MANY CAR: __ WIDTH: __ LENGTH __

EXTERIOR IN GROUND POOL YES: __ NO: __ INTERIOR POOL: YES: __ NO: __

FENCE IN BACK YARD: YES: __ NO: __ IF YES: WHAT TYPE OF FENCE: _____

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

FLOOR DRAIN IN CONCRETE IN THE POLE BARN: YES: __ NO: __

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

IS THERE A HORSE BARN REQUESTED FOR BUILD: YES: __ NO: __ IF YES: __ WIDTH: __ LENGTH __

PLUMB DRAIN FOR SINK AND INSTALL SINK & DOG WASHING STATION IN 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:_____

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WHAT IS THE SIZE OF LOT: WIDTH: ___ LENGTH __ 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: __

DO 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 HAS IT BEEN APPLIED FOR OR ISSUED: YES: __ NO: __ YES & EXEPMT:__

IF YES OR EXEMPT WHAT IS THE PERMIT#: _____

IS THE ELECTRIC AT THE STREET: YES: __ NO: __ UNKNOWN : __

IS THERE A NATURAL GAS MAIN FOR THE BUILD YES: __ NO: __ UNKNOWN: __

IF YES: IS THE NATURAL GAS MAIN ON YOUR SIDE OF 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 #: ( ) EXT# _

CONTACT NAME: _____ TITLE: _____ CELL #: ( ) _____

E-MAIL: _____@_____

ALTERNATE CONTACT CELL #: ( ) _____

ALTERNATE EMAIL: _____@_____

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PROPERTY INFO REQUEST FOR RESIDENTIAL HOME BUILDING CONSULTATION

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

ARE YOU WORKING WITH A SURVEY COMPANY: YES: __ NO: __

SAME AS ENGINEERING COMPANY: YES: __ NO: __

IF YES THAT 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 #: ( ) EXT# _____

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 THAT 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 ENGINEER COMPANY CONTACT INFO:

OFFICE #: ( ) EXT# _____

CONTACT NAME: _____ **TITLE:** _____ **CELL #:** ( ) _____

E-MAIL: _____@_____

ALTERNATE CONTACT CELL #: ( ) _____

ALTERNATE EMAIL: _____@_____

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PROPERTY INFO REQUEST FOR RESIDENTIAL HOME BUILDING CONSULTATION

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

DO YOU HAVE A BLUEPRINT YOU ARE USING ON THE HOME BUILDING PROJECT: YES: __ NO: __

ARE YOU USING A BLUEPRINT BROKER ON THE HOME BUILDING PROJECT: YES: __ NO: __

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

COMPANY NAME: _____

STREET ADDRESS: _____

CITY / ZIP CODE: _____

CONTACT NAME: _____ **TITLE:** _____

ALTERNATE CONTACT NAME: _____ **TITLE:** _____

ARCHITECT OR BLUEPRINT BROKER COMPANY CONTACT INFO:

OFFICE #: ( ) EXT# _____

CONTACT NAME: _____ **TITLE:** _____ **CELL #:** ( ) _____

E-MAIL: _____@_____

ALTERNATE CONTACT CELL #: ( ) _____

ALTERNATE EMAIL: _____@_____