

GENERATIONS CUSTOM HOMES

CLIENT SELECTIONS FORM

Please complete as much information as possible. If a selection is not yet finalized, write "TBD." For location-based items or NA if the item doesn't reflect in your project, note quantity and room or area. For product-based items, include brand and model if known.

Project information

Project Name: _____

Project Address / Lot: _____

Buyer Name(s): _____

Phone: _____

Email: _____

Selection Meeting Date: _____

General notes

Overall Style / Design Direction: _____

Preferred Color Palette: _____

Additional Notes / Priorities: _____

1. Exterior finishes

Exterior Color Scheme: _____

Siding Material: _____ Color: _____

Corner Boards / Trim Color: _____

Soffit Color: _____ Fascia Color: _____

Front Door Style/Color: _____

Rear Door Style/Color: _____

Roofing Material/Color: _____

Garage Door Style/Color: _____

Exterior Stone / Brick / Accent Material: _____

Decking Material/Color: _____

Porch / Deck Railing Style: _____

Porch Finish / Material: _____

Exterior water / utility notes

Hose Bibs: Qty _____ Locations _____

Additional Exterior Notes: _____

2. Exterior lighting and power

Front Entry Light: _____

Rear Entry Light: _____

Garage Lights: _____

Deck / Porch Lights: _____

Soffit Lights: Yes No Locations: _____

Motion Lights: Yes No Qty _____ Locations _____

Accent Lighting: Yes No Notes _____

Exterior Outlets: Qty _____ Locations _____

Extra GFCI Outlets: Qty _____ Locations _____

3. Interior finishes

Main Wall Color: _____

Trim / Baseboard Color: _____

Trim Material / Style: _____

Interior Door Style / Color: _____

Door Hardware Finish: _____ Hinge Finish: _____

Accent Wall Material / Finish: _____

Floating Shelves: Yes No Material/Color/Location _____

Room paint schedule

Entry / Hall: _____

Bedroom 2: _____

Living Room: _____

Bedroom 3: _____

Kitchen / Dining: _____

Bath 1: _____

Primary Bedroom: _____

Bath 2: _____

Office / Bonus / Other: _____

4. Flooring schedule

Entry: _____

Bath 2: _____

Living Room: _____

Laundry / Mudroom: _____

Kitchen / Dining: _____

Stairs Treads: _____

Primary Bedroom: _____

Stair Risers / Finish: _____

Bedroom 2: _____

Basement: _____

Bedroom 3: _____

Garage Floor Finish: _____

Bath 1: _____

5. Kitchen

Cabinet Style: _____ Cabinet Color: _____

Island Color: _____ Crown Molding: Yes No

Soft-Close Cabinets/Drawers: Yes No

Cabinet Hardware Style/Finish: _____

Countertop Material: _____ Color: _____

Island Countertop Material/Color: _____

Backsplash Material/Color: _____

Sink Style: _____ Sink Material: _____

Sink Mount Type: _____ Faucet Style/Finish: _____

Appliance Package / Brand: _____

Range: Electric Gas

Range Hood Style / Finish: _____

Dishwasher Finish: _____

Refrigerator Style / Finish: _____

Water Line to Fridge:
 Yes No

Garbage Disposal:
 Yes No

Pot Filler:
 Yes No

Kitchen features

Floating Shelves: Yes No Details _____

Under-Cabinet Lighting: Yes No

Toe-Kick Lighting: Yes No

Under-Cabinet Outlet Strips: Yes No

Toe-Kick Heater: Yes No

6. Bathroom selections

Primary bath

Vanity Style/Color: _____

Countertop Material/Color: _____

Flooring: _____

Shower / Tub Selection: _____

Tile Selection: _____

Toilet Option: _____

Fixture Finish: _____

Lighting: _____

Mirror Style: _____

Shower Glass Type: _____

Bathroom Hardware: _____

Floating Shelves: Yes No Details _____

Closet / Linen Shelving: _____

Secondary bath

Vanity Style/Color: _____

Countertop Material/Color: _____

Flooring: _____

Shower / Tub Selection: _____

Tile Selection: _____

Toilet Option: _____

Fixture Finish: _____

Lighting: _____

Mirror Style: _____

Shower Glass Type: _____

Bathroom Hardware: _____

Floating Shelves: Yes No Details _____

Closet / Linen Shelving: _____

7. Lighting, electrical and smart features

Interior Lighting Package: _____

Ceiling Fans: Qty _____ Locations _____

Recessed Lights: Qty _____ Locations _____

Dimmers: Yes No Locations _____

Smart Switches: Yes No Locations _____

USB / USB-C Outlets: Qty _____ Locations _____

Night-Light Outlets: Qty _____ Locations _____

Heated Towel Rack Wiring: Yes No Bath _____

Smart Home / Automation Notes: _____

8. Closet, pantry and laundry

Closet and storage shelving

Primary Closet: _____

Bedroom 2 Closet: _____

Bedroom 3 Closet: _____

Linen Closet: _____

Pantry Shelving: _____

Laundry room

Washer / Dryer Type: _____ Finish: _____

Laundry Sink: Yes No

Sink Style / Material: _____

Countertop Material/Color: _____

Cabinet Style / Color: _____

Shelving Material/Color: _____

Hanging Rod: Yes No

Flooring (if different): _____

Electrical / Venting Notes: _____

Additional Laundry Notes: _____

9. Optional upgrades

Please check all desired upgrades and add notes where needed.

Generator

EV Charger

Whole-Home Surge
Protector

Solar Prep

Smart Thermostat

Water Softener

Attic Storage / Pull-Down or Ladder

Radiant Floor Heat

Whole-Home Humidifier

Smart Door Lock

Fireplace

Additional Exterior Outlets

Video Doorbell

Woodstove

Upgrade notes / details

Fireplace Type (Gas / Electric / Wood): _____

Woodstove Details: _____

Chimney Type: _____

Hearth Material / Surround: _____

Mantel Style: _____

Other Upgrade Notes: _____

10. Final review

Selections Still TBD:

Client Initials: _____

Client Signature: _____ **Date:** _____