

**Crizer Design Company, Inc.**

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**Preliminary Design Information Sheet**

Please answer the questions below and have this preliminary design information sheet completed by the time of your appointment. With this information we can contact the County/City to gather all permit requirements, and building regulations for your project.

Owner's Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Assessors Parcel Number (This can be found on your property tax bill) \_\_\_\_\_

Briefly describe the New Construction / Remodel or addition work you are considering:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated budget for this project: \_\_\_\_\_

Timeline i.e. when you would like to start building your project:

\_\_\_\_\_

**Please give this completed form to Bob Crizer at the time of your appointment**

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_