

GHA Design Brief

Name: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Project Address: _____

Lot No. and DP No: _____

Project Type: ☐ New Dwelling ☐ Dual Occupancy ☐ Extension/Renovation

☐ Townhouse/Units ☐ Granny Flat

1.0 THE WHY (including wish list)

Main Reasons for Building / Renovating: _____

How we currently live in our house: _____

Who will live in the house: _____

How we would like to live: _____

What we currently like about our house: _____

What we don't like about our house at the moment: _____

2.0 PRIORITIES

Main Reasons for Building / Renovating:

(Circle CR, DE or DR as the most relevant to each section)

CR- Critical **DE-** Desirable **DR-** Dreams

Priorities for your new home / renovations

- ☐ More Space (CR / DE / DR) ☐ Comfort (CR / DE / DR)
- ☐ Environmentally Friendly (CR / DE / DR) ☐ Low Running Costs (CR / DE / DR)
- ☐ Natural Light (CR / DE / DR) ☐ Indoor/Outdoor Connection (CR / DE / DR)
- ☐ Safe, accessible and easy to live in for all ages and abilities (CR / DE / DR)

CRITICAL priorities for our home: _____

DESIRABLE priorities for our home: _____

DREAMS for our home: _____

3.0 VISION FOR THE PROJECT

What are your family aspirations: _____



What are your lifestyle aspirations? _____

What is your vision for this project (include hopes and dreams): _____

4.0 LIFESTYLE

How do you currently live: _____

What hobbies, passions do you have: _____

Do you entertain people often at home? What does this look like: _____

5.0 ENVIRONMENTAL CRITERIA

What is each family member's favourite time of the day: _____

What Levels of Solar Passive Design are you wanting to apply to your home:

Low – Minimal level

Medium – Medium Level

High – High Level

Solar Passive Design Elements

Notes

- Orientation Low / Med / High _____
- Insulation Low / Med / High _____
- Glazing Low / Med / High _____
- Ventilation Low / Med / High _____
- Thermal Mass Low / Med / High _____

Is water conservation important to you? If yes, what elements are you wanting to apply to your home: e.g. Water tanks etc. _____

6.0 SITE INFORMATION

Property / land description:

Land Slope: ☐ Flat ☐ Low-Medium ☐ Medium-High ☐ Steep

Constraints: ☐ Easements ☐ Covenants ☐ Services ☐ Rocky Outcrop



☐ Bushfire Prone ☐ Flood Affected ☐ Existing Trees ☐ Creek/Dam

☐ Demolition works required ☐ Acoustic requirements apply

Attributes: ☐ Views ☐ Trees ☐ Flora/Fauna ☐ Solar Orientation

Property Documents: (please supply any of the following documents if available)

☐ Contour Survey ☐ Deposited plan ☐ Sewer Diagram ☐ Estate Design Guidelines ☐

Ident Survey ☐ 88b Instrument ☐ Existing Plans ☐ 149 Planning Certificate ☐ BAL

7.0 DESIGN CONSIDERATIONS

FORM:

Styles and things we like

Do you like contemporary design or a more traditional design (please describe): _____

What kind of Interior are you wanting to achieve (minimalist, etc): _____

Do you like colourful interiors or do you prefer muted palates: _____

What surfaces do you like – timber, stone, glass, steel, others: _____

What types of window furnishings do you like – curtains, blinds, shutters: _____

Do you like gardens with paved areas or do you prefer grassed or pebble areas: _____

Quality of finish on the development; low, medium or high finish: _____

Do you have any external and internal materials that you would love to use: _____

Do you wish to include any WOW factors, if so what ideas do you have: _____



FUNCTION:

Functional requirements of the project

How many living spaces do you need and what size: _____

How many bedrooms do you need and what sizes: _____

Do you want a walk in robe and ensuite in the Master Bedroom, any preferences: _____

How many bathrooms do you want, styles: _____

Robe types in each bedroom: _____

Do you need a study: _____

Will any rooms be multifunctional, used most of the time for one use e.g. an office most of the time and occasionally a guest room: _____

Laundry type i.e. Room or cupboard, top loader or front loader washing machine: _____

Will the use of a room change over time e.g. the home office becoming the baby's room: _____

Do you entertain extensively: _____

What inclusions would you like in the kitchen: _____

Open plan living: _____

What technical requirements do you have for computers, phones, faxes, presentations and entertainment: _____

Do you require large storage spaces: _____

Do you require car parking space e.g. Carport, garage: _____

Number of storeys: _____

Location of front entry: _____



8.0 PRODUCTS & MATERIALS

Floor/Footing: ☐ Slab on Ground ☐ Suspended Slab ☐ Ident Survey Waffle Pod Slab

☐ Timber Floor ☐ Polished Concrete ☐ Tiles ☐ Other _____

External Walls: ☐ Brick Veneer ☐ Cavity Brick ☐ Framed and Clad ☐ Hebel

Wall Finish: ☐ Face Brick ☐ Cement Render ☐ Fibre Cement ☐ Colorbond

☐ Composite Cladding ☐ Feature Stone ☐ Other _____

Roof: ☐ Pitched Roof ☐ Flat Roof ☐ Hip Roof ☐ Gable Roof

☐ Colorbond ☐ Trimdek ☐ Cement Tile ☐ Terracotta Tile

Wall Frames: ☐ Timber ☐ Steel ☐ Other _____

Roof Trusses: ☐ Timber ☐ Steel

Windows: ☐ Aluminium Frame ☐ Timber Frame ☐ PVC Frame ☐ Other

Other Materials: _____

Other Products: _____

9.0 PROJECT EXPECTATIONS

Do you want your living environment to be warm and welcoming, child friendly, pet friendly:

How long do you plan to live in the house and, if only a short time, do you need to ensure that you do not overcapitalize the asset: _____

10.0 PROJECT TIMEFRAMES

Outline the timeframes you'd like to see the appropriate areas completed by

Development Application Lodgement: _____

Development Application Approval Period: _____

Construction Certificate Approval: _____ Tender

Period: _____

Construction Commencement: _____

Construction Completion: _____

11.0 BUDGET

What is your total budget to do this project: \$ _____



What is your budget going to cover?

- ☐ Pre Construction Services (Designs, BASIX, Site Reports, etc.)
- ☐ Council & Authorities Approval Fees
- ☐ Construction Costs
- ☐ Additional Requirements (Solar Power, Septic System, Water Storage, etc.)

Design Brief Checklist

FRAME	<input type="checkbox"/> H2 TREATED	<input type="checkbox"/> STEEL	<input type="checkbox"/> OTHER _____
EXT. WALLS	<input type="checkbox"/> BRICK VENEER	<input type="checkbox"/> BOUBLE BRICK	<input type="checkbox"/> OTHER _____
EXT. FINISH	<input type="checkbox"/> FACE BRICK	<input type="checkbox"/> RENDERED	<input type="checkbox"/> OTHER _____
ROOF MATERIAL	<input type="checkbox"/> TILED ROOF	<input type="checkbox"/> COLOURBOND	<input type="checkbox"/> OTHER _____
ROOF PITCH	<input type="checkbox"/> 22.5	<input type="checkbox"/> 24	<input type="checkbox"/> OTHER _____
WINDOWS	<input type="checkbox"/> ALUMINUM	<input type="checkbox"/> TIMBER	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> SINGLE GLAZED	<input type="checkbox"/> DOUBLE GLAZED	<input type="checkbox"/> OTHER _____
CEILING HEIGHT	<input type="checkbox"/> 2400mm	<input type="checkbox"/> 2700mm	<input type="checkbox"/> OTHER _____
VERANDAH	ALFRESCO		<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> UNDER MAIN ROOFLINE	<input type="checkbox"/> SEPATIVE VERANDAH	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> FLAT ROOF	<input type="checkbox"/> BULLNOSE ROOF	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> 90mm SQUARE POSTS	<input type="checkbox"/> 200mm ROUND COLUMN	
KITCHEN	<input type="checkbox"/> 1 ¾ BOWL	<input type="checkbox"/> DOUBLE BOWL	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> SINGLE DRAINER	<input type="checkbox"/> DOUBLE DRAINER	<input type="checkbox"/> OTHER _____
BATHROOM	<input type="checkbox"/> 900mm VANITY	<input type="checkbox"/> 1200mm VANITY	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> 900mm SHOWER	<input type="checkbox"/> 1000mm SHOWER	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> 1500mm BATH	<input type="checkbox"/> 1700mm BATH	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> SINGLE SHELF	<input type="checkbox"/> DOUBLE TOWEL RAIL	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> TOILET ROLL HOLDER	<input type="checkbox"/> 300 X 300 NOOK	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> 750 X 900mm MIRROR	<input type="checkbox"/> TOWEL HOOK	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> SHAVING CABINET	<input type="checkbox"/> 750 X 1200mm	<input type="checkbox"/> OTHER _____
		<input type="checkbox"/> WALL HUNG VANITY	<input type="checkbox"/> OTHER _____
ENSUITE	<input type="checkbox"/> 900mm VANITY	<input type="checkbox"/> 1200mm VANITY	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> 900mm SHOWER	<input type="checkbox"/> 1000mm SHOWER	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> 1500mm BATH	<input type="checkbox"/> 1700mm BATH	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> SINGLE TOWEL RAIL	<input type="checkbox"/> DOUBLE TOWEL RAIL	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> SINGLE SHELF	<input type="checkbox"/> 300 X 300 NOOK	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> TOILET ROLL HOLDER	<input type="checkbox"/> TOWEL HOOK	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> 750 X 900mm MIRROR	<input type="checkbox"/> 750 X 1200mm	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> SHAVING CABINET	<input type="checkbox"/> WALL HUNG VANITY	<input type="checkbox"/> OTHER _____
LAUNDRY	<input type="checkbox"/> FREESTANDING TUB	<input type="checkbox"/> BENCH & DROP-IN TUB	<input type="checkbox"/> OTHER _____
TOILET	<input type="checkbox"/> STANDARD SYSTEM	<input type="checkbox"/> BACK TO WALL SYSTEM	<input type="checkbox"/> OTHER _____
FRONT DOOR	<input type="checkbox"/> SINGLE DOOR	<input type="checkbox"/> DOUBLE DOOR	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> 2100mm HIGH	<input type="checkbox"/> 2350mm HIGH	<input type="checkbox"/> OTHER _____
WARDROBES	<input type="checkbox"/> HINGED	<input type="checkbox"/> QUICKSLIDE	<input type="checkbox"/> OTHER _____
LINEN/PANTRY	<input type="checkbox"/> HINGED	<input type="checkbox"/> QUICKSLIDE	<input type="checkbox"/> OTHER _____
ROLLER DOOR	<input type="checkbox"/> ROLL-A-DOOR	<input type="checkbox"/> TILT-A-DOOR	<input type="checkbox"/> OTHER _____



	<input type="checkbox"/>	ONE DOOR	<input type="checkbox"/>	DOUBLE DOOR	<input type="checkbox"/>	OTHER _____
BASIX	<input type="checkbox"/>	GAS COOKTOP	<input type="checkbox"/>	ELECTRIC COOKTOP	<input type="checkbox"/>	OTHER _____
	<input type="checkbox"/>	GAS OVEN	<input type="checkbox"/>	ELECTRIC OVEN	<input type="checkbox"/>	OTHER _____
	<input type="checkbox"/>	GAS HWS	<input type="checkbox"/>	ELECTRIC HWS	<input type="checkbox"/>	OTHER _____
	<input type="checkbox"/>	GAS HEATING	<input type="checkbox"/>	ELECTRIC HEATING	<input type="checkbox"/>	OTHER _____
	<input type="checkbox"/>	SPLIT A/C	<input type="checkbox"/>	EVAP. COOLING	<input type="checkbox"/>	OTHER _____
	<input type="checkbox"/>	OUTDOOR CLOTHESLINE	<input type="checkbox"/>	INDOOR CLOTHESLINE	<input type="checkbox"/>	OTHER _____
	<input type="checkbox"/>	WATER TANK SIZE _____				
ELECTRICAL	<input type="checkbox"/>	LIGHTS POINTS				
	<input type="checkbox"/>	POWER POINTS				
	<input type="checkbox"/>	EXTERNAL POWER POINTS				
	<input type="checkbox"/>	TV OUTLETS				
	<input type="checkbox"/>	SMOKE DETECTORS				
	<input type="checkbox"/>	FAN/HEAT LAMP/LIGHT				
	<input type="checkbox"/>	AIR CON OUTLET				
	<input type="checkbox"/>	PHONE POINTS				
OTHER	<input type="checkbox"/>	TOWN WATER				
	<input type="checkbox"/>	ELECTRICITY				
	<input type="checkbox"/>	GAS				
	<input type="checkbox"/>	TOWN SEWERAGE				

