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Building Design Form

Current Date

Company Information		Date:	
Company Name:		Phone Number:	
Company Contact:		Email Address:	
Company Address:			

General Occupancy Information			
Building Use:		Occupy Date:	
# of Occupants:		Gender Ratio:	
Location of new Building:			
Additional G.O. Info (if required)			

Room Layout Information				
	Room/Area Type	# of occupants	# of similar room/areas	Room/Area specific notes
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Additional Room Layout Information