



DWELUP CORPORATION

3D INTERIOR DESIGN CHECKLIST

Professional Interior Design Planning & Visualization Review

PROJECT / CLIENT	DATE	CHECKED BY	PROJECT TYPE	REF. NO.
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A PROJECT & CLIENT INFORMATION					
No.		Yes	No	N/A	Notes
A1	Client name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A2	Project location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A3	Room / area type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A4	Project type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A5	Existing drawings available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A6	Design scope confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B SPACE DETAILS					
No.		Yes	No	N/A	Notes
B1	Room dimensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B2	Ceiling height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B3	Doors and windows verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B4	Existing furniture dimensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B5	MEP points identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B6	Site photos collected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C STYLE & DESIGN PREFERENCES					
No.		Yes	No	N/A	Notes
C1	Preferred interior style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C2	Color palette preference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C3	Material preferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C4	Lighting preference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C5	Mood board reference available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C6	Special feature requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D FUNCTIONAL REQUIREMENTS					
No.		Yes	No	N/A	Notes
D1	Space usage defined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D2	Storage requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D3	Furniture requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D4	Circulation / movement needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D5	Privacy needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D6	Ventilation / daylight consideration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

E 3D VISUALIZATION REQUIREMENTS					
No.		Yes	No	N/A	Notes
E1	Number of views required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E2	Camera angles confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E3	Exterior openings shown correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E4	Furniture and decor level confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E5	Material realism level confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E6	Rendering quality preference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

F REVIEW & FINAL NOTES					
No.		Yes	No	N/A	Notes
F1	Revision requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F2	Delivery format required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F3	Timeline confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F4	Budget preference noted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F5	Client approval status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F6	Final remarks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NOTES / REMARKS

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DESIGNER / REVIEWER SIGNATURE	CLIENT SIGNATURE	DATE
NAME:	NAME:	DD / MM / YYYY
DATE:	DATE:	