



DWELUP CORPORATION

VASTU PLANNING CHECKLIST

Pre-Design Orientation & Space Planning Review

Use this checklist to review plot orientation, space planning, and key Vastu considerations before finalizing the design.

Project / Client	Date of Visit	Checked By	Plot Ref.

A PROJECT & PLOT INFORMATION			
No.	Checklist Item	Options / Write-in	<input checked="" type="checkbox"/>
1.	Client name	Write-in	<input type="checkbox"/>
2.	Project type	Residential / Commercial / Mixed	<input type="checkbox"/>
3.	Plot location	Write-in	<input type="checkbox"/>
4.	Plot size	Write-in (Sq.ft / Sq.m)	<input type="checkbox"/>
5.	Plot shape	Regular / Irregular / Other	<input type="checkbox"/>
6.	Plot facing direction	North / South / East / West	<input type="checkbox"/>
7.	North direction verified	Yes / No / Review needed	<input type="checkbox"/>

B PLOT ORIENTATION & SITE REVIEW			
No.	Checklist Item	Options / Write-in	<input checked="" type="checkbox"/>
8.	Site orientation suitable?	Yes / No / Review needed	<input type="checkbox"/>
9.	Road direction noted	North / South / East / West	<input type="checkbox"/>
10.	Corner plot status	Yes / No / N/A	<input type="checkbox"/>
11.	Slope direction observed	North / South / East / West	<input type="checkbox"/>
12.	Regular plot shape preferred	Yes / No / Review needed	<input type="checkbox"/>
13.	Open space planning reviewed	Yes / No / Review needed	<input type="checkbox"/>
14.	Sunlight path considered	Yes / No / Review needed	<input type="checkbox"/>
15.	Ventilation potential reviewed	Yes / No / Review needed	<input type="checkbox"/>

C KEY VASTU SPACE PLANNING			
No.	Checklist Item	Options / Write-in	<input checked="" type="checkbox"/>
16.	Main entrance position	Excellent / Good / Average / Needs revision	<input type="checkbox"/>
17.	Living room placement	Excellent / Good / Average / Needs revision	<input type="checkbox"/>
18.	Kitchen placement	Excellent / Good / Average / Needs revision	<input type="checkbox"/>
19.	Master bedroom placement	Excellent / Good / Average / Needs revision	<input type="checkbox"/>
20.	Children bedroom placement	Excellent / Good / Average / Needs revision	<input type="checkbox"/>
21.	Guest room placement	Excellent / Good / Average / Needs revision	<input type="checkbox"/>
22.	Puja / meditation room placement	Excellent / Good / Average / Needs revision	<input type="checkbox"/>
23.	Dining area placement	Excellent / Good / Average / Needs revision	<input type="checkbox"/>
24.	Study / office placement	Excellent / Good / Average / Needs revision	<input type="checkbox"/>
25.	Staircase location	Excellent / Good / Average / Needs revision	<input type="checkbox"/>
26.	Toilet / bath location	Excellent / Good / Average / Needs revision	<input type="checkbox"/>

D UTILITIES & FUNCTIONAL PLACEMENT			
No.	Checklist Item	Options / Write-in	<input checked="" type="checkbox"/>
27.	Water tank placement	Excellent / Good / Average / Needs revision	<input type="checkbox"/>
28.	Underground water source	Yes / No / Review needed	<input type="checkbox"/>
29.	Septic tank / drainage location	Excellent / Good / Average / Needs revision	<input type="checkbox"/>
30.	Electrical panel / generator area	Excellent / Good / Average / Needs revision	<input type="checkbox"/>
31.	Parking / garage placement	Excellent / Good / Average / Needs revision	<input type="checkbox"/>
32.	Garden / landscape zone	Excellent / Good / Average / Needs revision	<input type="checkbox"/>
33.	Heavy vs light zones balanced	Yes / No / Review needed	<input type="checkbox"/>
34.	Center space kept open	Yes / No / Review needed	<input type="checkbox"/>

E FINAL REVIEW & RECOMMENDATION			
No.	Checklist Item	Options / Write-in	<input checked="" type="checkbox"/>
35.	Overall Vastu compliance level	Excellent / Good / Average / Needs improvement	<input type="checkbox"/>
36.	Major corrections required	Yes / No / Few / Many	<input type="checkbox"/>
37.	Client preferences aligned	Yes / No / Partially	<input type="checkbox"/>
38.	Architect review completed	Yes / No	<input type="checkbox"/>
39.	Recommendation	Proceed / Revise / Discuss with client	<input type="checkbox"/>
40.	Final comments	Write-in	<input type="checkbox"/>

NOTES / REMARKS

INSPECTOR / CONSULTANT SIGNATURE

DATE
