



PERFORMANCE MEDIA INDUSTRIES, LTD.

STUDIO DESIGN QUESTIONNAIRE

PROJECT NAME: _____ TODAY'S DATE: _____

CLIENT INFORMATION:

NAME: _____ PHONE: _____

ADDRESS: _____

E-MAIL: _____ FAX: _____

BILLING CONTACT AND ADDRESS (CHECK IS SAME AS CLIENT): _____

PHONE/FAX: _____

ARCHITECT NAME: _____ PHONE: _____

BUILDER NAME: _____ PHONE: _____

INTERIOR DESIGNER NAME: _____ PHONE: _____

STUDIO INFORMATION:

OWNER'S NAME: _____

STUDIO TYPE (PROJECT, TRACKING, MIX, POST): _____

ADDRESS: _____

ROOM STATUS: EXISTING REMODEL NEW DIMENSIONS: _____

USES (ENSEMBLE RECORDING, OVERDUBS, MIX, POST MASTER LOCK-TO-PICTURE): _____

INTENDED NUMBER OF ROOMS: _____

ROOM THEME AND DESIRED LOOK: _____

BUDGETS AND SCHEDULES:

CONSTRUCTION BUDGET: _____ EQUIPMENT BUDGET: _____

EXPECTED COMPLETION DATE: _____

PLANS AND PICTURES (PLEASE SEND US ANY PLANS OR PICTURES YOU MAY ALREADY HAVE): _____



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PROJECT SCOPE

PLEASE RANK THE IMPORTANCE OF THE FOLLOWING ISSUES. CIRCLE THE RIGHT CHOICE AND ADD ANY NOTES OR COMMENTS BELOW. IF YOU DON'T KNOW, DO NOT CIRCLE A CHOICE.

HOW IMPORTANT IS THIS STUDIO TO YOU?

- FOR FUN
 MEDIUM PRO
 TOP LEVEL PRO

COMMENTS: _____

HOW OFTEN DO YOU INTEND TO USE THE STUDIO?

- RARELY
 REGULARLY
 ALL THE TIME

COMMENTS: _____

SOUND ISOLATION:

- NOT IMPORTANT
 SOMEWHAT
 IMPORTANT VERY IMPORTANT

COMMENTS: _____

BACKGROUND NOISE CONTROL:

- NOT IMPORTANT
 SOMEWHAT IMPORTANT
 VERY IMPORTANT

COMMENTS: _____

HVAC NOISE CONTROL:

- NOT IMPORTANT
 SOMEWHAT IMPORTANT
 VERY IMPORTANT

COMMENTS: _____

BASS PERFORMANCE:

- NOT IMPORTANT
 SOMEWHAT IMPORTANT
 VERY IMPORTANT

COMMENTS: _____

ROOM TONE FOR RECORDING/ACCURACY FOR MIX & POST:

- NOT IMPORTANT
 SOMEWHAT IMPORTANT
 VERY IMPORTANT

COMMENTS: _____

SURROUND SOUND COMPATIBLE:

- NOT IMPORTANT
 SOMEWHAT IMPORTANT
 VERY IMPORTANT

COMMENTS: _____

LOCK TO PICTURE:

- NONE
 SOME
 LOTS

COMMENTS: _____

DO YOU NEED A PLAN SET?

- No
 NEED ROUGH DOCUMENTATION
 CONSTRUCTION GRADE

COMMENTS: _____

INTERIOR DESIGN WORK?

- BY OTHERS
 I WANT PMI INVOLVED
 PMI TO DESIGN THE ROOM

COMMENTS: _____

ACOUSTIC TREATMENTS

- NOT IMPORTANT
 SOMEWHAT IMPORTANT
 VERY IMPORTANT

COMMENTS: _____

IS THERE ANY PARTICULAR AUDIO OR VIDEO EQUIPMENT YOU WANT TO USE? (WHAT GEAR AND OTHER

COMMENTS): _____

DOCUMENTATION – PICTURES: _____



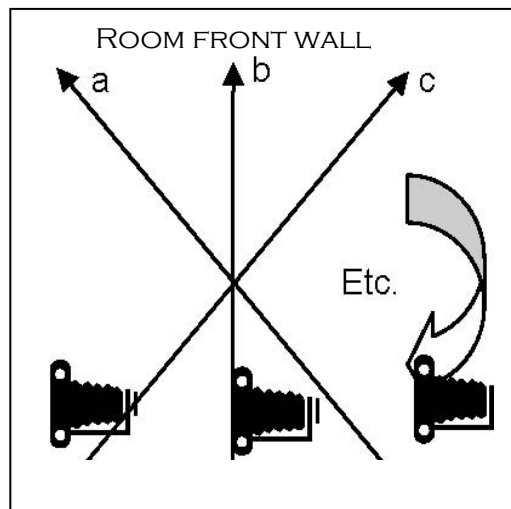
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PLEASE SUPPLY THE FOLLOWING PICTURES. TAKE ALL THE PICTURES IN A SEQUENCE AND DO NOT RENAME THEM. THE CAMERA WILL AUTOMATICALLY CREATE AN INCREMENTED FILE NAME SET, WHICH WILL MAKE IT EASY TO FOLLOW:

1. VIEWS OF ALL THE WALLS AND CORNERS IN THE FOLLOWING ORDER:

- A. START WITH A PICTURE OF THE FRONT LEFT CORNER TAKEN FROM THE RIGHT REAR CORNER
- B. CONTINUE WITH A PICTURE OF THE FRONT WALL TAKEN FROM THE MIDDLE OF THE REAR WALL
- C. CONTINUE WITH A PICTURE OF THE FRONT RIGHT CORNER TAKEN FROM THE LEFT REAR CORNER
- D. CONTINUE WITH A PICTURE OF THE RIGHT WALL TAKEN FROM THE MIDDLE OF THE LEFT WALL
- E. CONTINUE WITH A PICTURE OF THE RIGHT REAR WALL TAKEN FROM THE FRONT LEFT CORNER
- F. CONTINUE AROUND THE ROOM IN CLOCKWISE DIRECTION (SEE DIAGRAM BELOW).



2. IF POSSIBLE SET THE CAMERA ORIENTATION ON ITS SIDE TO GET MORE OF THE CEILING AND FLOOR.

3. **VIEWS OF THE CEILING:**

TAKE ENOUGH PICTURES OF THE CEILING AREA TO FULLY DOCUMENT IT, GOING AROUND THE ROOM IN CLOCKWISE DIRECTION.

4. **VIEWS OF OTHER ELEMENTS IN THE ROOM:**

DOCUMENT ANY PLUMBING, VENTILATION, MOTORS OR OTHER SERVICES.

5. **VIEWS OF AUDIO/VIDEO EQUIPMENT:**

DOCUMENT ANY OF THE AUDIO/VIDEO EQUIPMENT ALREADY IN THE ROOM



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DOCUMENTATION - PLANS

PLEASE SUPPLY THE FOLLOWING DRAWINGS IF AVAILABLE:

1. FLOOR PLAN OF ROOM
2. ELEVATION OF 4 WALLS
3. DETAIL OF CEILING
4. DETAIL OF ALL WALL CONSTRUCTION
5. ALL MECHANICAL DRAWINGS, INCLUDING HVAC PLANS

PLAN VIEW SKETCH OF ROOM



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ELEVATION 1

ELEVATION 2



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ELEVATION 3

ELEVATION 4



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NOTES: PLEASE ADD ANY comments or notes here
