

Project Questionnaire

Name:	Home:
Address:	Cellular:
City:	Fax:
Zip Code:	Email:

About Your Remodeling Project:

What room are you remodeling?	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Other:
Are you keeping the existing space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe Notes:
Are you expanding the space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe Notes:
Are moving or removing walls?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe Notes:
Are you moving plumbing locations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe Notes:
Are you moving or removing windows or doors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe Notes:
When do you want to start the project?	Date:	Notes:	
When do you want to complete the project?	Date:	Notes:	

About Your Appliances:

Refrigerator

Is it built-in or freestanding?	<input type="checkbox"/> Built-in	<input type="checkbox"/> Freestanding	
If freestanding, would you like it enclosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe Notes:
Do you have the size?	Width:	Height:	Depth:
Have you decided on a model?	Brand:	Model #:	
Do you want matching decorative panels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe Notes:

Cooking surface

Do you want a range?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe Notes:
Do you have the size?	Width:	Height:	Depth:
How is your range powered?	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	
Have you decided on a model?	Brand:	Model #:	
Or... Do you want a cooktop?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe Notes:
Do you have the size?	Width:	Height:	Depth:
How is your cooktop powered?	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	
Have you decided on a model?	Brand:	Model #:	

Oven(s)

Do you want an oven?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	Notes:
What configuration?	<input type="checkbox"/> Single Oven <input type="checkbox"/> Double Oven <input type="checkbox"/> Microwave/oven Combo	
Do you have the size?	Width: Height: Depth:	
How is your oven powered?	<input type="checkbox"/> Gas <input type="checkbox"/> Electric	
Have you decided on a model?	Brand: Model #:	

Ventilation

What type of hood?	<input type="checkbox"/> Canopy Hood <input type="checkbox"/> Chimney Hood <input type="checkbox"/> Microwave/Hood Combination <input type="checkbox"/> Wood Hood <input type="checkbox"/> Downdraft system
What type of blower?	<input type="checkbox"/> Internal Blower <input type="checkbox"/> External Remote Blower
Do you have the size?	Width: Height: Depth:
Have you decided on a model?	Brand: Model #:

Dishwasher

Do you have the size?	Width: Height: Depth:
Have you decided on a model?	Brand: Model #:
How many would you like?	Quantity:
Is it fully integrated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe Notes:
Would you like decorative panels?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe Notes:
Would you like your dishwasher raised?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe Notes:
Is there a special configuration (like "dish drawers")?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe Notes:

Microwave Oven

Do you want it built in or freestanding?	<input type="checkbox"/> Built-in <input type="checkbox"/> Freestanding
If freestanding, would you like a "home" designed for it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe Notes:

Other built in appliances

Let us know what other built in appliances you would like in your project:

<input type="checkbox"/> Trash Compactor	Width:	Would you like decorative panels?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
<input type="checkbox"/> Wine Cooler	Width:	Would you like a decorative frame?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
<input type="checkbox"/> Warming Drawer	Width:	Would you like decorative panels?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
<input type="checkbox"/> Espresso Machine	Width:	Height: Depth:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
Other:		Notes:	

Countertop Appliances

	Enclosed in Appliance Garage?	Enclosed another way?	Do you know the size?		
<input type="checkbox"/> Coffee Machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Width:	Height:	Depth:
<input type="checkbox"/> Mixer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Width:	Height:	Depth:
<input type="checkbox"/> Food Processor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Width:	Height:	Depth:
<input type="checkbox"/> Blender	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Width:	Height:	Depth:
<input type="checkbox"/> Toaster	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Width:	Height:	Depth:
<input type="checkbox"/> Can Opener	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Width:	Height:	Depth:
<input type="checkbox"/> Crock Pot	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Width:	Height:	Depth:
<input type="checkbox"/> Bread Maker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Width:	Height:	Depth:
<input type="checkbox"/> Rice Cooker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Width:	Height:	Depth:
<input type="checkbox"/> Television	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Width:	Height:	Depth:
<input type="checkbox"/> Telephone	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Width:	Height:	Depth:
<input type="checkbox"/> Computer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Width:	Height:	Depth:

About Your Flooring:

Have you chosen your flooring material? Solid Hardwood Engineered Wood Porcelain Tile
 Natural Stone Tile Laminate Vinyl/Linoleum
 Carpet Other:

Do you know the thickness? Thickness:

About Your Countertops:

Have you chosen your countertop material? Natural Stone-Slab Natural Stone-Tile
 Porcelain Tile Solid Surface Stainless Steel
 Solid Surface Cement Wood-Butcher Block
 Wood-Veneer Plastic Laminate
 Quartz Composite Other:

Do you know the thickness? Thickness:

About Your Layout:

What are you trying to accomplish in your new layout? More countertop space
 More storage space Other:

Any special accommodations? Yes No Notes:

Any specific wants or needs? Yes No Notes:

What is your ceiling height? Height: Notes:

How high do you want your cabinets? 7' 7' 6" 8" Other:

Is your kitchen a single or multi cook kitchen? Single Cook Multi Cook

(About Your Layout cont'd)

What would you like in your new Kitchen?

- | | | | | |
|---|--|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Pantry Storage | <input type="checkbox"/> Broom Storage | <input type="checkbox"/> Glass Doors | <input type="checkbox"/> Spice Drawer | <input type="checkbox"/> Base Pantry Pullout |
| <input type="checkbox"/> Cookbook Space | <input type="checkbox"/> Display Space | <input type="checkbox"/> Wine Rack | <input type="checkbox"/> Desk | <input type="checkbox"/> Phone Center |
| <input type="checkbox"/> Hutch | <input type="checkbox"/> Other: | | | |

Would you like an island or peninsula in your kitchen?

-Peninsula Yes No

What would you like in your island?

-Island Yes No

Secondary (Prep) Sink

Would you like seating space? Yes No

Appliance Type:

-Would you like a raised counter? Yes No

Recessed baking center

-Would you like a flush counter? Yes No

Decorative Panels

-Would you like a lowered counter? Yes No

Other:

Any specific wants or needs? Yes No

Notes:

Cabinet Accessories:

- | | | | |
|---|--|-------------------|--|
| <input type="checkbox"/> Lazy Susan Corner Cabinets | <input type="checkbox"/> Yes <input type="checkbox"/> No | Vegetable Baskets | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> All-wood Super Susan Corner Cabinets | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cutlery Trays | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Single Waste Bin Cabinet | <input type="checkbox"/> Yes <input type="checkbox"/> No | Spice Tray | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Double Waste Bin Cabinet | <input type="checkbox"/> Yes <input type="checkbox"/> No | Spice Rack | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Recycle Center Cabinet | <input type="checkbox"/> Yes <input type="checkbox"/> No | Towel Bar | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Roll-Out Shelves in Pantry | <input type="checkbox"/> Yes <input type="checkbox"/> No | Breadboards | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Tray Divider | <input type="checkbox"/> Yes <input type="checkbox"/> No | Mixer Shelf | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Tip Out Trays for Sink | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ironing Board | <input type="checkbox"/> Yes <input type="checkbox"/> No |

About Your Style:

Do you have a period design theme in mind? Yes No Theme:

What type of door? Recessed Panel Raised Panel Flat Slab

What type of door construction? Mortise and Tenon Mitered

What type of drawer front ? Slab Five-piece Construction

Stained Wood or Painted? Stained Wood Painted

If Painted – What Color? White Off-White Other:

If Laminate – What Color? White Off-White Other:

Notes:

Your Project Contacts:

Are you working with a Contractor?

Yes No

Name/Company:

Are you working with an Architect?

Yes No

Name/Company:

Are you working with a Designer?

Yes No

Name/Company:

Other Contact:

Notes:

Other Notes About Your Project:
