

719 Main Street

New Rochelle NY 10801

[www.topdrawercc.com](http://www.topdrawercc.com)

Tel# 914-632-4222

Designer: \_\_\_\_\_

**Please Print and fill in this form as much as you can and bring with you to our office.**

Date:
Name:
Residence:
Jobsite Address:

Client 1:
Home Phone:
Work Phone:
Cell Phone:
Email:

<b>Appointment</b>
Schedule:
Call When Ready:
Times Available:
Directions:



Notes: \_\_\_\_\_

# Client Checklist

1. What type of project is this? Renovation New Construction
2. Have you ever purchased a bathroom before? Yes No
3. When would you like to start the project? \_\_\_\_\_ Complete the Project? \_\_\_\_\_
4. How much time do you / will you spend at the jobsite residence? \_\_\_\_\_
5. How did you learn about our firm? \_\_\_\_\_
6. Has anyone else assisted you in preparing a design for the bath? \_\_\_\_\_
7. Do you plan on retaining an interior designer or architect to assist in the bath planning?  
If so, Name: \_\_\_\_\_ Phone: \_\_\_\_\_
8. Do you have a specific builder / contractor or other subcontractor / specialist with whom you would like to work?  
If so, Name: \_\_\_\_\_ Phone: \_\_\_\_\_
9. What portion of the project, if any, will be your responsibility? \_\_\_\_\_
10. What budget range have you established for your bath project?  
\$5,000-\$10,000 \$10,000-\$20,000 \$20,000-\$30,000 \$30,000-\$50,000 \$50,000-\$60,000 \$60,000-\$75,000 \$75,000+
11. How long do you intend to own the jobsite residence? \_\_\_\_\_  
a. Is return on investment a primary concern? \_\_\_\_\_  
b. Do you plan on renting the jobsite residence? \_\_\_\_\_
12. What family members will share in the final decision-making process? \_\_\_\_\_
13. Would you like our firm to assist you in project Management? Yes No
14. What do you dislike most about your present bath? \_\_\_\_\_  
\_\_\_\_\_
15. What do you like most about your present bath? \_\_\_\_\_  
\_\_\_\_\_
16. Sustainable design ideas important to your family:
 

<input type="checkbox"/> Use of "Green" Products	General products made from recycled materials: <input type="checkbox"/> Cabinets <input type="checkbox"/> Counters <input type="checkbox"/> Floors <input type="checkbox"/> Walls <input type="checkbox"/> Building Materials
	<input type="checkbox"/> Wood products supplied by environmentally responsible manufacturers _____
<input type="checkbox"/> Water usage:	<input type="checkbox"/> Sustainable design details incorporated into the plan
<input type="checkbox"/> Water efficient fixtures: <input type="checkbox"/> Toilet <input type="checkbox"/> Bathtub <input type="checkbox"/> Shower	
<input type="checkbox"/> Energy efficient lighting systems:	
17. If you are remodeling: Is there a room addition planned? Yes No  
a. When was the house built? \_\_\_\_\_ How old is the present bath? \_\_\_\_\_  
b. Are you considering relocating windows doors walls in your new plan?
18. If you are building a new home:  
a. Are you able to relocate windows doors walls at this stage of construction? Yes No  
b. Are you able to relocate walls at this stages of construction Yes No
19. Is there a view from the bathroom to be considered: Yes No  
a. Sun exposure \_\_\_\_\_  
b. From where in the bathroom should the view be visible? Bathtub Vanity Shower Other \_\_\_\_\_  
c. What about privacy? \_\_\_\_\_

# Specific Bath Questions

1. Is this a Master Children Other Family Member Guest Special Area: \_\_\_\_\_ bathroom?
2. How many bathrooms are in the home? \_\_\_\_\_
3. Who will use the bathroom? \_\_\_\_\_
4. Characteristics of family members who use the bathroom: Are you planning on enlarging your family while living here? C/Yes C/No

Name	Age	Handed	Height	Physical Limitations/Mobility Aids
1.		<input type="checkbox"/> R <input type="checkbox"/> L		
2.		<input type="checkbox"/> R <input type="checkbox"/> L		
3.		<input type="checkbox"/> R <input type="checkbox"/> L		
4.		<input type="checkbox"/> R <input type="checkbox"/> L		
5.		<input type="checkbox"/> R <input type="checkbox"/> L		

5. Personal Information about the bathroom:
  - a. Will more than one person be using the bathroom at the same time? \_\_\_\_\_ How often? \_\_\_\_\_
  - b. What types of bathroom activities can be done in a shared bathroom space? \_\_\_\_\_
  - c. What types of bathroom activities need to be done in private? \_\_\_\_\_
  - d. How important is auditory privacy? \_\_\_\_\_ Are bathroom noises a problem? \_\_\_\_\_
6. Visitability:
  - a. Will this bathroom be used by visitors to the home? Yes No How often? \_\_\_\_\_
  - b. Will the visitors be children or adults? \_\_\_\_\_
  - c. Do any regular or frequent visitors have any physical limitation? \_\_\_\_\_
7. Do you prefer separate showering and bathing areas? \_\_\_\_\_
8. Would you like to consider a tub that will accommodate more than one person? \_\_\_\_\_
9. Would you like to consider a shower that will accommodate more than one person? \_\_\_\_\_
10. Do you prefer the water closet and/or bidet be separate from the other fixtures, and placed in its own compartment? \_\_\_\_\_
11. Checklist for Bathroom activities:

Grooming Activities		Location					Person		
		Vanity / Lavatory	Dressing Table	Bathtub	Shower	Other Room	Person #1	Person #2	Person #3
Body:	Washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Shave - Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Shave - Body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Apply Lotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hair washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teeth:	Brush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Floss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nails:	Finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Toe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cosmetics:	Apply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Remove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face:	Skin Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair:	Blow Dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Brush / Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cut / Trim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid:	Treating cuts and burns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands:	Apply Lotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Wash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines / Vitamins:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bathing / Showering Activities		Location			Person		
		Bathtub	Shower	Other Room	Person #1	Person #2	Person #3
Bathing:	With Someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Assisting an Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bathing Pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Soaking / Relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showering:	With Someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Assisting an Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Steam Showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sauna:	Relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Toileting Activities	Person		
	Person #1	Person #2	Person #3
Assisting an Adult:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Cleansing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diaper Changing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Bathroom Activities	Location					Person		
	Vanity / Lavatory	Dressing Table	Bathtub	Shower	Other Room	Person #1	Person #2	Person #3
Display Collections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undressing / Hamper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing: Underwear / Sleep clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing: "Street" Clothes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink Beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat Snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise w/o equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise using equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grow Plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry: Air Dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry: Hand-wash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry: Machine Wash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry: Sort / Fold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen to Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Pampering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polish Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read: Books / Newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervise Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk on Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking with People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tanning / Sunning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. What appliances do you plan on using in the bathroom:

<input type="checkbox"/> Blowdryer <input type="checkbox"/> Handheld <input type="checkbox"/> Wall Mounted	<input type="checkbox"/> Electrical Toothbrush <input type="checkbox"/> Electrical Razor <input type="checkbox"/> Fireplace <input type="checkbox"/> Wood Burning <input type="checkbox"/> Gas	<input type="checkbox"/> Radio/DVD/VCR <input type="checkbox"/> Television <input type="checkbox"/> Towel Warmer <input type="checkbox"/> Hydronic (hot water) <input type="checkbox"/> Electric	<input type="checkbox"/> Valet <input type="checkbox"/> Washer & Dryer <input type="checkbox"/> Other:
<input type="checkbox"/> Curling Iron	<input type="checkbox"/> Hot Rollers	<input type="checkbox"/> Scale	<input type="checkbox"/> Other:

# Storage Checklist

Item	User		Type of Equipment	Shelf / Drawer Space Required
Make-up Storage	(person #1)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	(person #2)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Shaving Storage	(person #1)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	(person #2)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hair Grooming Equipment	(person #1)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	(person #2)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hand and Foot Grooming Equip	(person #1)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	(person #2)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal Hygiene Equipment	(person #1)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	(person #2)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medicine / First Aid		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Bathroom Paper Product Storage		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Bath Towel Storage		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Household Bedroom Linen		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal Pampering Equip	(person #1)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	(person #2)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	(person #3)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	(person #4)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Exercise Equipment	(person #1)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	(person #2)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	(person #3)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	(person #4)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pet Grooming / Bathing Area		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cleaning Supply Storage		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Shoe Polishing Paraphernalia		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	Hanging	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shelf Length: _____	Double Pole: <input type="checkbox"/> Single Pole: <input type="checkbox"/>
	Shoes	# of Pairs _____	Boxed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Shelf Length: _____
	Folded Clothing	# of Drawers / Pull- outs _____		
	Accessories	<input type="checkbox"/> Yes <input type="checkbox"/> No	Types: _____	Wall Space for Racks: _____
	Hats	Rack: <input type="checkbox"/> Yes <input type="checkbox"/> No	Boxes: <input type="checkbox"/> Yes <input type="checkbox"/> No	Shelf Space: _____
	Full Length Mirror	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	Hanging	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shelf Length: _____	Double Pole: <input type="checkbox"/> Single Pole: <input type="checkbox"/>
	Shoes	# of Pairs _____	Boxed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Shelf Length: _____
	Folded Clothing	# of Drawers: _____		
	Accessories	<input type="checkbox"/> Yes <input type="checkbox"/> No	Types: _____	
	Hats	Rack: <input type="checkbox"/> Yes <input type="checkbox"/> No	Boxes: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Full Length Mirror	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Storage Checklist (Continued)

Laundry Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment Size:
Mini Kitchen	<input type="checkbox"/> Yes <input type="checkbox"/> No	What Type of Equipment? <input type="checkbox"/> Bar Sink <input type="checkbox"/> Coffeemaker <input type="checkbox"/> Cooktop <input type="checkbox"/> Microwave <input type="checkbox"/> Refrigerator <input type="checkbox"/> <input type="checkbox"/> Other: _____
Other:		

## Design Information

1. What type of feeling would you like your new bathroom space to have? Have you created a scrapbook of notes, photos and ideas of bathrooms that you like?

- American Country     
Asian / Warm Contemporary     
Old World European     
Sleek Contemporary  
American Formal     
Craftsman / Arts and Crafts     
Personal Design Statement (Eclectic)     
Traditional

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2. What colors do you like? \_\_\_\_\_

And dislike? \_\_\_\_\_

What colors are you considering for you new bathroom? \_\_\_\_\_

What are the color preferences of other family members? \_\_\_\_\_

3. Are there specific materials, fixtures, cabinetry or other features that you have pre-selected and want included in the project? \_\_\_\_\_

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4. Design Notes: \_\_\_\_\_

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Special Details:

Cabinetry				Source					
Key: BS= Bath Specialist O= Owner OA= Owners Agent				Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No		Furnished by BS <input type="checkbox"/> O/OA <input type="checkbox"/>		Installed by BS <input type="checkbox"/> O/OA <input type="checkbox"/>	
Style	Base	Wall	Tall	Face Material	Base	Wall	Tall		
Furniture (Unfitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wood-Species	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Built-In (Fitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laminate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Construction				Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Framed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acrylic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Frameless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Door Type				Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Full Overlay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door Style					
Partial Overlay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Lip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Inset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hardware				Color and Finish					
Knob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Finger Pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Soffit / Fascia									
Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No		Furnished by BS <input type="checkbox"/> O/OA <input type="checkbox"/>		Installed by BS <input type="checkbox"/> O/OA <input type="checkbox"/>					
Fascia / Soffit Construction			Fascia / Soffit Materials						
<input type="checkbox"/> Open	<input type="checkbox"/> Extended	<input type="checkbox"/> Flush	<input type="checkbox"/> Recessed	<input type="checkbox"/> Remove	<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Wood	<input type="checkbox"/> Display Rail	<input type="checkbox"/> Paint	<input type="checkbox"/> Lighted
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Cornice			<input type="checkbox"/> Other: _____			

Surfaces					Source					
Key: BS= Bath Specialist O= Owner OA= Owners Agent					Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No		Furnished by BS <input type="checkbox"/> O/OA <input type="checkbox"/>		Installed by BS <input type="checkbox"/> O/OA <input type="checkbox"/>	
Material	Vanity	Shower Walls	Tub Platform	Other	Edge Treatment	Vanity	Shower Walls	Tub Platform	Other	
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Thickness					
Cultured Marble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Shape:					
Decorative Laminate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Bevel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Engineered Stone (Quartz)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Ogee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Granite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Bull Nose Full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Marble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		½ Full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Solid Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Square	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other:					
Size					Backsplash					
Grout					Height					
Wood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		End Splash Sides					
Other Stone:					Countertop ext. over Water Closet					
Special Notes					Special Note:					

### Bath Fixtures & Fittings - Water Closet

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by		Installed by	
	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>
<input type="checkbox"/> 1 Piece Low Profile	<input type="checkbox"/> 2 Piece Standard Height		Color:	
<input type="checkbox"/> Wall Hung	<input type="checkbox"/> Elongated Seat		Seat:	
<input type="checkbox"/> Round Seat	<input type="checkbox"/> Other _____		Trip Lever Finish:	
<input type="checkbox"/> Comfort Height	<input type="checkbox"/> Other _____		Stop & Supply Finish:	

### Bath Fixtures & Fittings - Bidet / Bidet Seat

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by		Installed by	
	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>
<input type="checkbox"/> Vertical Spray Vacuum Breaker	Color:		Other:	
<input type="checkbox"/> Horizontal Spray	Faucet Finish:		Other:	

### Bath Fixtures & Fittings - Bathtub

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by			Installed by		
	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>		BS <input type="checkbox"/>	O/OA <input type="checkbox"/>	
Material				Placement		
<input type="checkbox"/> Cast Iron	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Cult Marble	<input type="checkbox"/> Left Drain		<input type="checkbox"/> Right Drain
<input type="checkbox"/> Steel	<input type="checkbox"/> Acrylic	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Fitting #1		
Configuration				Type:	Finish:	Location:
<input type="checkbox"/> Platform	<input type="checkbox"/> Skirted	<input type="checkbox"/> Platform w/ Steps	<input type="checkbox"/> Free Standing	Fitting #2		
				Type:	Finish:	Location:

### Bath Fixtures & Fittings - Shower

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by			Installed by			
	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>		BS <input type="checkbox"/>	O/OA <input type="checkbox"/>		
Fabricated				Fittings			
<input type="checkbox"/> 1 Piece		<input type="checkbox"/> Multiple Piece		Shower #1	Valve Type:	Head Type:	Finish:
Custom				Shower #2	Valve Type:	Head Type:	Finish:
Shower Wall Material:		Shower Floor/ Pan Material:	Bench Seat Material:	Shower #3	Valve Type:	Head Type:	Finish:
Height:				Shower #4- Body Sprays		Finish:	
				Shower #5- Hand-Held		Finish:	
				Diverter		Finish:	
Configuration							
Drain	Finish:			Grooming	Recess:		Size:
Bench	Size:			Other			



## Bath Fixtures & Fittings - Lavatory

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by			Installed by	
	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>		BS <input type="checkbox"/>	O/OA <input type="checkbox"/>
Material				Fittings	
<input type="checkbox"/> Porcelain	<input type="checkbox"/> Glass	<input type="checkbox"/> Cast Iron	<input type="checkbox"/> _____	<input type="checkbox"/> 4" Centers	<input type="checkbox"/> 8" Centers
<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> Decorative Metal	<input type="checkbox"/> Composition	<input type="checkbox"/> _____	<input type="checkbox"/> Single Hole	<input type="checkbox"/> Wall Mounted
Configuration				Finish	
<input type="checkbox"/> Pedestal/Trap Cover	<input type="checkbox"/> Rimmed	<input type="checkbox"/> Under-Counter	<input type="checkbox"/> Wall Hung	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Vessel	<input type="checkbox"/> Self-Rimmed	<input type="checkbox"/> Integral	<input type="checkbox"/> Other: _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

## Ventilation

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by		Installed by	
	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>
<input type="checkbox"/> Fan	<input type="checkbox"/> Fan, Light (Combo)	<input type="checkbox"/> Fan, Light, Heat (Combo)	<input type="checkbox"/> Switch	<input type="checkbox"/> Timer
CFM Capacity:			Duct Work Space:	

## Heating

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by		Installed by	
	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>
<input type="checkbox"/> Auxiliary	<input type="checkbox"/> Timer	Placement:		
<input type="checkbox"/> Switch				

## Enclosures (Steam Door/s, Shower, Doors, Drapes, Etc.)

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by			Installed by	
	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>		BS <input type="checkbox"/>	O/OA <input type="checkbox"/>
Tub	Finish:	Size:	Type:	Material:	
Shower	Finish:	Size:	Type:	Material:	
Steam	Finish:	Size:	Type:	Material:	
Sauna	Finish:	Size:	Type:	Material:	
Curtain Rod Finish:		Size:	Curtains (Color)		Size:

## Light Fixtures

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by			Installed by	
	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>		BS <input type="checkbox"/>	O/OA <input type="checkbox"/>
General			Ambient		
<input type="checkbox"/> Incandescent	<input type="checkbox"/> Halogen	<input type="checkbox"/> Fluorescent	<input type="checkbox"/> Xenon	<input type="checkbox"/> Cove	<input type="checkbox"/> Recessed
Decorative			<input type="checkbox"/> Pendant	<input type="checkbox"/> Surface Mounted	
<input type="checkbox"/> Incandescent	<input type="checkbox"/> Halogen	<input type="checkbox"/> Fluorescent	<input type="checkbox"/> Xenon	<input type="checkbox"/> Track	<input type="checkbox"/> Incandescent
Task Lighting			<input type="checkbox"/> Halogen	<input type="checkbox"/> Fluorescent	
<input type="checkbox"/> Incandescent	<input type="checkbox"/> Halogen	<input type="checkbox"/> Fluorescent	<input type="checkbox"/> Xenon	Special Details	

## Accessories

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by		Installed by	
	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>
Glass Shelves	Qty:	Support:	Size:	
	Finish:	Edge Treatment:		
Medicine Cabinet	Qty:	<input type="checkbox"/> Surface Mount	<input type="checkbox"/> Recessed	Size: <input type="checkbox"/>
	Finish:	Mirror Size: <input type="checkbox"/>		
Mirror	Qty:	<input type="checkbox"/> Surface Mount	<input type="checkbox"/> Frame	
Towel Bars	Qty:	Finish:	Size:	No:
Towel Rings	Qty:	Finish:	Size:	No:
Robe Hooks	Qty:	Finish:	Size:	No:
Tub Soap Dish	Qty:	<input type="checkbox"/> Surface Mount	<input type="checkbox"/> Recessed	Finish: Placement:
Shower Soap Dish	Qty:	<input type="checkbox"/> Surface Mount	<input type="checkbox"/> Recessed	Finish: Placement:
Bidet Soap Dish	Qty:	<input type="checkbox"/> Surface Mount	<input type="checkbox"/> Recessed	Finish: Placement:
Lavatory Soap Dish	Qty:	<input type="checkbox"/> Surface Mount	<input type="checkbox"/> Recessed	Finish: Placement:
Tub Grab Bars	Qty:	Finish:	Placement:	
Toilet Grab Bars	Qty:	Finish:	Placement:	
Paper Holder	Qty:	<input type="checkbox"/> Surface Mount	<input type="checkbox"/> Recessed	Finish: Placement:
Magazine Rack	Qty:	<input type="checkbox"/> Surface Mount	<input type="checkbox"/> Recessed	Finish: Placement:
Soap/Lotion Dispenser	Qty:	Finish:	Placement:	
Tumbler Holder	Qty:	Finish:	Placement:	
Toothbrush Holder	Qty:	Finish:	Placement:	
TV	Qty:	Finish:	Placement:	

## Sauna

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by		Installed by	
	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>
Capacity:	Interior:	Style:	Heater:	
Timer Location:	Wall Material:	Floor Material:	Other:	

## Steam Bath

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by		Installed by	
	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>
<input type="checkbox"/> Tub <input type="checkbox"/> Shower	Steam Generator Location:	Timer Location:	Wall Material:	Floor Material:

## Exercise Equipment

Treadmill	Size:	Clearance Required: 30 sq. ft
Free Weights	Size:	Clearance Required: 20-30 sq. ft.
Bikes, Recumbent & Upright	Size:	Clearance Required: 10 sq. ft.
Rowing Machines	Size:	Clearance Required: 20 sq. ft.
Stair Climbers	Size:	Clearance Required: 10 to 20 sq. ft.
Ski Machines	Size:	Clearance Required: 25 sq. ft.
Single-Station Gym	Size:	Clearance Required: 35 sq. ft.
Multi-Station Gym	Size:	Clearance Required: 50 to 200 sq. ft.
Yoga Matte	Size:	Clearance Required:

## Flooring

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by BS <input type="checkbox"/> O/OA <input type="checkbox"/>		Installed by BS <input type="checkbox"/> O/OA <input type="checkbox"/>	
<b>Floor Preparation</b>		<b>Floor Covering</b>		
<input type="checkbox"/> Removal:		Material		
<input type="checkbox"/> Leveling:		<input type="checkbox"/> Bamboo	<input type="checkbox"/> Carpet	<input type="checkbox"/> Ceramic Tile
<input type="checkbox"/> Shim:		<input type="checkbox"/> Laminate	<input type="checkbox"/> Linoleum	<input type="checkbox"/> Vinyl-Sheet
<input type="checkbox"/> Subfloor Material:		<input type="checkbox"/> Wood	<input type="checkbox"/> Wood-Engineered	<input type="checkbox"/> Vinyl-Tile
<input type="checkbox"/> Underlayment:		<input type="checkbox"/> Stone		
<input type="checkbox"/> Baseboard:		<input type="checkbox"/> Other		
<input type="checkbox"/> Transition Treatment		Color or Pattern:		
		Describe:		

## Windows

Check all that apply.  
 Slider = S Casement = C Double-Hung = DH Skylight = SL Bow = BO Bay = BA  
 Vinyl = V Aluminum = A Aluminum Clad = AC Wood = W Glass Block = GB

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by BS <input type="checkbox"/> O/OA <input type="checkbox"/>		Installed by BS <input type="checkbox"/> O/OA <input type="checkbox"/>	
Interior Wall Patch:		Exterior Wall Patch:		Sink Vent Relocation:
Window #	Configuration	New Windows Sizes		Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No
				Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No
				Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No
				Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No
				Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No
				Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No

## Doors

Check all that apply.

Bi-Fold = BF   Slider = S   Pocket = P   French = F   Swing = SW  
 Solid Core = SC   Steel = ST   Hollow Core = HC

<input type="checkbox"/> Yes <input type="checkbox"/> No		Furnished by			Installed by		
		BS <input type="checkbox"/>	O/OA <input type="checkbox"/>	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>		
Door #	Configuration	Hinge	Size			Screen	
		<input type="checkbox"/> Yes <input type="checkbox"/> No				Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No				Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No				Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No				Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No				Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No				Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No				Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hardware Finish:			<input type="checkbox"/> Passage <input type="checkbox"/> Privacy <input type="checkbox"/> Knob <input type="checkbox"/> Lever				

## Decorative Surfaces

<input type="checkbox"/> Yes <input type="checkbox"/> No		Furnished by			Installed by		
		BS <input type="checkbox"/>	O/OA <input type="checkbox"/>	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>		
Wall Preparation	<input type="checkbox"/> New Plaster/Drywall	<input type="checkbox"/> Clean	<input type="checkbox"/> Patch Exist	<input type="checkbox"/> Remove Exist. Covering:			
Wall Finish	<input type="checkbox"/> Paint	<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Tile	<input type="checkbox"/> Other _____			
Ceiling Finish	<input type="checkbox"/> Paint	<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Suspended	<input type="checkbox"/> Vaulted	<input type="checkbox"/> Other: _____		
Ceiling Preparation	<input type="checkbox"/> New Plaster / Drywall	<input type="checkbox"/> Clean	<input type="checkbox"/> Patch Exist	<input type="checkbox"/> Remove Existing Covering			
	Other: _____			Repairs: _____			
Window Treatment	<input type="checkbox"/> Blinds	<input type="checkbox"/> Fabric	<input type="checkbox"/> Shutters	Other: _____			

Construction	Source			Category
	Use Existing	Responsibility		
		BS	O / OA	
HVAC Details:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Conditioning System Age: _____ Planned Improvements: _____ _____ Heating System Age: _____ Planned Improvements: _____ _____ Bathroom Exhaust Fan Age: _____ Planned Improvements: _____ _____
Electrical Work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New Service Panel: _____ Code Updates: _____ Modifications to Exist. Service: _____ Heated Floor: <input type="checkbox"/> Yes <input type="checkbox"/> No Heated Towel Bar: <input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New Rough-In Requirements: _____ New Drainage Requirements: _____ New Vent Stack Requirements: _____ Modifications to Exist. Lines: _____
General Carpentry:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demolition Work Exist. Fixture and Equip. Removal: _____ Trash Removal: _____ Reconstruction Work (Except as previously noted.) Widows: _____ Doors: _____ Interior Walls: _____ Exterior Walls: _____ Insulated: _____ Cabinet Install. / Trim-Out: _____
Miscellaneous Work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jobsite / Room Clean-up: _____ Building Permits: _____ Structural Engineering / Architectural Fees: _____ Inspection Fees: _____ Jobsite Delivery: _____ Other: _____

# Existing Construction Details

1. Age of Home: \_\_\_\_\_ Access Roads to Home: \_\_\_\_\_  
Delivery Truck Clearances: \_\_\_\_\_ Elevator Size Limitations: \_\_\_\_\_  
Access to Bath:  Through House  Exterior Access

2. Type of Neighborhood:  
 Rural  Suburban  Urban  Historic  Mixed Use  Multi-Family  Gated Community  Planned Development

3. Type of Home:  
 Single Family  Duplex  Townhouse  Condominium  Apartment / Flat  Other: \_\_\_\_\_

4. Structure of Home:  
 One Story  Two-Story  Three-Story  Ranch  Split-Level  Split-Foyer/Raised Ranch  Other: \_\_\_\_\_

5. Approximate Size of Home: \_\_\_\_\_

6. Style of Home (Exterior): \_\_\_\_\_

7. Is the home historic?  Yes  No What time period? \_\_\_\_\_  
Are there historic covenants or restrictions affecting the home? \_\_\_\_\_  
\_\_\_\_\_

8. Is the home part of a Homeowner's Association?  Yes  No  
Are there Homeowner's Association covenants or restrictions affecting the home?  Yes  No \_\_\_\_\_  
\_\_\_\_\_

9. Style of Home (Interior) Colors: \_\_\_\_\_  
Materials: \_\_\_\_\_  
Furniture: \_\_\_\_\_  
Accessories: \_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Room Below Bathroom \_\_\_\_\_ Room Above Bathroom \_\_\_\_\_

# Existing Construction Details- continued

11. Condition of –

Surface

Walls

Floors: \_\_\_\_\_

Ceilings: \_\_\_\_\_

Soffit/Fascia: \_\_\_\_\_

Squareness of Corners: \_\_\_\_\_ Parallel Wall to Within ¼)

Is there any hazardous material to be removed? \_\_\_\_\_

12. Construction of Floor: Slab Frame

13. Direction of Floor Joists: Parallel to Longest Bathroom Wall Perpendicular to Bathroom Longest Wall Joist Height: \_\_\_\_\_

14. Exterior: Brick Aluminum Stucco Wood Other: \_\_\_\_\_

15. Interior: Drywall Lath & Plaster Wood Other: \_\_\_\_\_

16. Windows Can Be Changed: Yes No Doors Can Be Relocated: Yes No Walls Can Be Relocated: Yes No

17. Windows: Sliders Double-Hung Skylights Casement Greenhouse Bow/Bay Other: \_\_\_\_\_

18. Sewage System: City Service Septic System Other: \_\_\_\_\_

19. Type of Roof Material: \_\_\_\_\_ Age of Roof \_\_\_\_\_

## Access:

Can \_\_\_\_\_ Equipment \_\_\_\_\_ Fit \_\_\_\_\_ Into \_\_\_\_\_ The \_\_\_\_\_ Room?

Basement: \_\_\_\_\_ Attic: \_\_\_\_\_ Crawl Space: \_\_\_\_\_

Material Storage: \_\_\_\_\_ Trash Collection Area: \_\_\_\_\_

HVAC: Describe Existing System: Heating: \_\_\_\_\_ Ventilation: \_\_\_\_\_ Air Conditioning: \_\_\_\_\_

## Plumbing:

Location of Existing Vent Stack: \_\_\_\_\_ Type of Trap: \_\_\_\_\_

Add Additional Line: \_\_\_\_\_

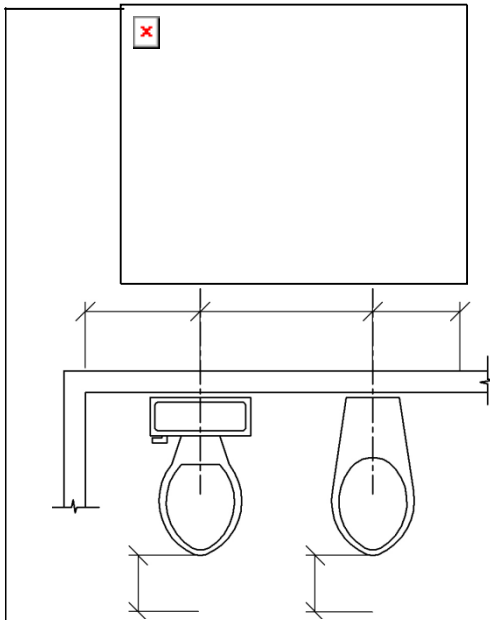
## Electrical

GFCI Existing: Yes No

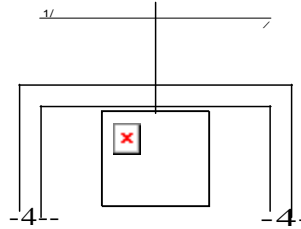
New Wiring Access: Hard Average Easy Number of Open Circuits for Expansion: \_\_\_\_\_

Existing Electrical Service Capacity: \_\_\_\_\_ Number of 120V Circuits: \_\_\_\_\_ Number of 240V Circuits: \_\_\_\_\_

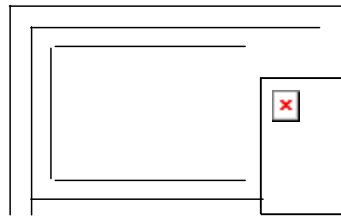
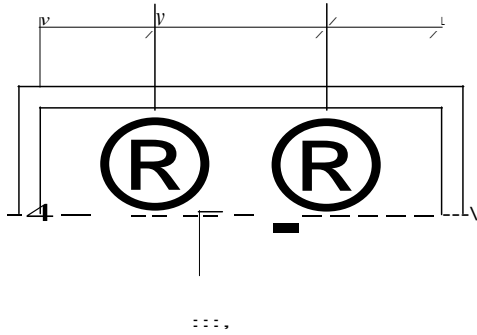
# Existing Plumbing Center Lines



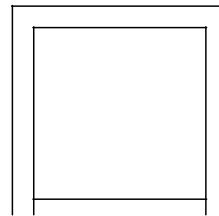
Water Closet                      Bidet  
 Width: \_\_\_\_\_  
 Height: \_\_\_\_\_  
 Depth: \_\_\_\_\_  
 Type of W.C.: Wall Hung  2 Piece  1 Piece    
 Wall Hung: Width \_\_\_\_\_ Height: \_\_\_\_\_  
 Distance Tank for Walls: \_\_\_\_\_  
 Soil Stack Location: \_\_\_\_\_  
 Water Supply Height: \_\_\_\_\_ of Floor:



Lavatory  
 Water Supply: Floor  Wall   
 Drain out of: Floor  Wall   
 Bottom of Trap to Floor: \_\_\_\_\_  
 Type of Lavatory: Wall Hung  in Vanity  Pedestal   
 Wall Mount: Width \_\_\_\_\_ Height \_\_\_\_\_  
 Vanity: Width \_\_\_\_\_ Height \_\_\_\_\_  
 Vent Pipe Location: \_\_\_\_\_



Tub  
 Width: \_\_\_\_\_  
 Height: \_\_\_\_\_  
 Depth: \_\_\_\_\_



Shower  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tub/Shower  
 Material: Cast Iron  Steel  Fiberglass  Other   
 Surround Material: Tub \_\_\_\_\_ Shower \_\_\_\_\_  
 Surround  
 Width: \_\_\_\_\_ Height: \_\_\_\_\_ Width: \_\_\_\_\_ Shower Stub Out Height: \_\_\_\_\_  
 Type of Drain: Cast Iron  Copper  Plastic   
 Type of Trap: Drum  P   
 Bathroom on: First Floor  Second Floor  Other