



719 Main Street

New Rochelle NY 10801

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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:

Appointment
Schedule:
Call When Ready:
Times Available:
Directions:



Notes: _____

General Client Information

1. What type of project is this? Renovation New Construction
2. Have you ever purchased a kitchen 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 kitchen? _____
7. Do you plan on retaining an interior designer or architect to assist in the kitchen 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 kitchen project?
\$5,000 – \$10,000 \$10,000 - \$ 20,000 \$20,000 – \$40,000 \$40,000 – \$60,000
\$60,000 – \$75,000 \$75,000 – \$100,000 \$100,000 +
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 kitchen? _____

15. What do you like most about your present kitchen? _____

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"/> Building Materials
	<input type="checkbox"/> Wood products supplied by environmentally responsible manufacturers _____
<input type="checkbox"/> Special water conservation products: _____	
<input type="checkbox"/> Energy efficient appliances: _____	
<input type="checkbox"/> Energy efficient lighting systems: _____	
<input type="checkbox"/> Sustainable design details incorporated into the plan: _____	
<input type="checkbox"/> Areas for recycling waste incorporated into the plan: _____	
17. If you are remodeling: Is there a room addition planned? Yes No
 a. When was the house built? _____ How old is the present kitchen? _____
 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

Specific Kitchen Questions

1. How many household members? Are you planning on enlarging your family while living here? Yes No

Name	Age	Handed	Height	Physical Limitations/Mobility Aids
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		
		<input type="checkbox"/> R <input type="checkbox"/> L		

2. How many pets in your household? _____ What Types? _____ Names: _____

3. Do any frequent guests have physical limitations? _____

4. Personal information about the kitchen:

What is the typical pattern of cooking in your household?

One person does most of the cooking. Who? _____

Two or more people share most of the cooking. Describe: _____

One person cooks and another person helps. Describe: _____

Different people take turns doing the cooking. Describe: _____

Another arrangement. Describe: _____

What about clean-up?

The cook cleans up. Describe: _____

Cooking and clean-up are shared. Describe: _____

Clean-up is done by someone who does not cook. Describe: _____

Another arrangement. Describe: _____

5. Primary Cook:

Is the primary cook left handed right handed

Does the primary cook have any physical limitation? Yes No _____

How tall is the primary cook? _____

Does the primary cook have any cooking hobbies/specialty cooking preferences?

gourmet baking ethnic grilling bulk cooking to freeze

other: _____

6. Other Family Cooks:

How many other household members cook? _____

Who are they? _____

Do they have a cooking hobby assist primary cook with specific task share a menu item with primary cook?

Is a specialized cooking center required for the secondary cook? _____

7. How does the family use the kitchen for meals at home? _____
 daily heat & serve meals daily "from scratch" meals daily "bring in" meals weekend "quantity" cooking
 weekend family meals ethnic or specialty cooking (please specify)

What type of foods is the family cooking? _____

8. What are your kitchen dining area requests? _____
 separate table- new existing _____ size _____ leaf extension _____ number of seated diners _____
 30" counter height 36" counter height 42" counter height

9. Is the kitchen a socializing space? _____

10. What time of day is your kitchen most frequently used? _____

11. Do you have any furniture that you want in your kitchen?
 Dining Table- Size? _____ Chairs- How many? _____ Hutch- Size? _____ Buffet- Size? _____
 Baker's Rack- Size? _____ Easy Chair- How many? _____ Sofa - Size? _____ Other Items- _____

12. How would you like the new kitchen to relate to adjacent rooms? _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Family Room | <input type="checkbox"/> Dining Room | <input type="checkbox"/> Family Home Office |
| <input type="checkbox"/> Family Media Center | <input type="checkbox"/> Outdoor Kitchen | <input type="checkbox"/> Laundry/Hobby Space |

13. Do you entertain frequently? _____ per week _____ per month _____ per year - formally informally buffet plated
 snacks/drinks mostly How many people typically might be in the kitchen when entertaining? _____ Do friends bring food to share? Yes No

14. Designing the kitchen so that it supports your entertainment style is part of the planning process. Tell me which statement fits you best:

- I like to be the only one in the kitchen with my guests in a separate space that is away from the kitchen. I
- like to be the only cook in the kitchen, with my guests close by in a space that opens onto the kitchen.
- I like my guests to be sitting in the kitchen visiting with me while I cook.
- I like my guests to help me in the kitchen in meal preparation.
- I like my guests to help in the clean-up process after the meal.
- I retain caterers who prepare all meals for entertaining.
- The caterers come to the home to serve and clean up.
- I stop at the deli/take-out food source to bring part or all of the meal home before entertaining.
- Food items that I purchase from outside sources:

- | | | | |
|-------------------------------------|----------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Appetizers | <input type="checkbox"/> Entrees | <input type="checkbox"/> Soups | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Desserts | <input type="checkbox"/> Salads | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

15. What secondary activities will take place in your kitchen?

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Computer Usage | <input type="checkbox"/> Hobbies: | <input type="checkbox"/> Medicine Center / Use | <input type="checkbox"/> Children Playing |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Laundry | <input type="checkbox"/> Message Center | <input type="checkbox"/> Study/Homework |
| <input type="checkbox"/> Growing Plants | <input type="checkbox"/> Liquor/Wine Storage | <input type="checkbox"/> Planning Desk | <input type="checkbox"/> TV /Radio/Media/CD |

16. What is your cycle for shopping for food?

- Daily Twice Weekly Weekly Bi-weekly Monthly

17. What types of products/materials do you purchase at the grocery/specialty store?

- Predominantly fresh food purchased for a specific meal. _____
- Predominantly fresh/frozen foods purchased for stock. _____
- Traditional pantry boxed/packageged/canned/bottled goods purchased for stock. _____

- Cleaning products stocked in bulk: _____
- Paper products stocked in bulk: _____
- Other boxed/packageged food items stocked in bulk: _____
- Other: _____

18. Where do you presently store:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Baking Equipment | <input type="checkbox"/> Flatware | <input type="checkbox"/> Leftover Containers | <input type="checkbox"/> Serving Trays |
| <input type="checkbox"/> Boxed Goods | <input type="checkbox"/> Food Prep Utensils | <input type="checkbox"/> Linens/Towels | <input type="checkbox"/> Specialty Cooking Vessels (Wok, etc.) |
| <input type="checkbox"/> Canned Goods | <input type="checkbox"/> Food Wrapping Materials | <input type="checkbox"/> Non-Refrigerated Fruits/Vegs | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cleaning Supplies | <input type="checkbox"/> Glassware | <input type="checkbox"/> Paper Products | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Coffee Station | <input type="checkbox"/> Grill Equipment | <input type="checkbox"/> Pet Food | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cooking Utensils | <input type="checkbox"/> Hand Appliances | <input type="checkbox"/> Pots & Pans | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dishes | <input type="checkbox"/> Laundry/Iron Equip | <input type="checkbox"/> Recycle Containers | <input type="checkbox"/> Other: _____ |

Legend:			
AG=Appliance Garage	BC=Bookcase	G=Garage	T=Tall Cabinet
B=Basement	C=Countertop	L=Laundry Room	W=Wall Cabinet
BA=Base Cabinet	D=Desk	P=Pantry Closet	

19. What type of specialized storage is desired?

- | | | | |
|--------------------------------------|---|--|--------------------------------|
| <input type="checkbox"/> Bottles | <input type="checkbox"/> Display Items | <input type="checkbox"/> Linen | <input type="checkbox"/> Wine |
| <input type="checkbox"/> Bread Board | <input type="checkbox"/> Dishes | <input type="checkbox"/> Plasticware | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Bread Box | <input type="checkbox"/> Food Wrappings | <input type="checkbox"/> Soft Drink Cans | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cookbooks | <input type="checkbox"/> Glassware | <input type="checkbox"/> Spice | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cutlery | <input type="checkbox"/> Lids | <input type="checkbox"/> Vegetables | <input type="checkbox"/> _____ |

20. What small specialty electrical appliances do you use in your kitchen?

- | | | | |
|---|--|--|--------------------------------|
| <input type="checkbox"/> Blender | <input type="checkbox"/> Crock Pot / Slow Cooker | <input type="checkbox"/> Mixer Toaster | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Can Opener | <input type="checkbox"/> Electric Frying Pan | <input type="checkbox"/> Toaster Oven | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Coffee Grinder | <input type="checkbox"/> Food Processor | <input type="checkbox"/> Wok | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Coffee Pot | <input type="checkbox"/> Griddle | <input type="checkbox"/> | |
| <input type="checkbox"/> Countertop | <input type="checkbox"/> Built-in | <input type="checkbox"/> Juicer | |

21. Do you plan on sorting recyclable trash in your kitchen? Yes No

Number of bins required: _____

Would you like a sorting station in the:

- Kitchen Utility Room Garage Basement Outside

Design Information

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

American Country Asian Warm Contemporary Sleek Contemporary
 American Formal Old World European Personal Design Statement (Eclectic) Traditional

2. What colors do you like? _____

And dislike? _____

What colors are you considering for your new kitchen? _____

What are the color preferences of other family members? _____

3. Design Notes: _____

Special Details:

Cabinetry

Source

Key: KS= Kitchen Specialist
O= Owner OA= Owners Agent

Use Existing
 Yes No

Furnished by

KS

O/OA

Installed by

KS

O/OA

Construction	Base	Wall	Tall	Island
Framed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frameless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door Type				
Full Overlay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial Overlay	<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"/>
Inset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardware				
Knob	<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"/>
Finger Pull	<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"/>

Face Material	Base	Wall	Tall	Island
Wood-Species	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laminate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acrylic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metal	<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"/>
Door Style:				
Color and Finish:				

Storage Accessories or Organizers:

	Base	Wall	Tall	Island
Appliance Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breadbox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cutlery Tray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door Shelf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawer Divider / Insert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawer Dish Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawer Pot / Pan Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knife Block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knife Drawer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lazy Susan / Turntable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixer Lift-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pantry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plate Rack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pot Rack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pull-out Recycle Bin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Base	Wall	Tall	Island
Pull-out Cutting Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roll-out Cart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roll-out Shelf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spice Rack / Drawer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swing-out Shelf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tilt-down Drawer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Towel Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tray Dividers (Vertical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toe Kick Step Stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetable Bin / Basket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wide / Deep Drawer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peg Board Drawer	<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"/>
Other _____	<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		Installed by	
	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>	KS <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"/> Other _____			<input type="checkbox"/> Wallpaper <input type="checkbox"/> Wood <input type="checkbox"/> Display Rail <input type="checkbox"/> Paint <input type="checkbox"/> Lighted <input type="checkbox"/> Cornice <input type="checkbox"/> Other _____	

Countertops

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by			Installed by			
	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>		KS <input type="checkbox"/>	O/OA <input type="checkbox"/>		
Material	Kitchen	Island	Other	Edge Treatment	Kitchen	Island	Other
Ceramic Tile	<input type="checkbox"/>	<input type="checkbox"/>		Thickness	<input type="checkbox"/>	<input type="checkbox"/>	
Size				Shape:	<input type="checkbox"/>	<input type="checkbox"/>	
Grout				Bevel	<input type="checkbox"/>	<input type="checkbox"/>	
Concrete	<input type="checkbox"/>	<input type="checkbox"/>		Ogee	<input type="checkbox"/>	<input type="checkbox"/>	
Engineered Stone (quartz)	<input type="checkbox"/>	<input type="checkbox"/>		Bull Nose	<input type="checkbox"/>	<input type="checkbox"/>	
Granite	<input type="checkbox"/>	<input type="checkbox"/>		Full	<input type="checkbox"/>	<input type="checkbox"/>	
Limestone	<input type="checkbox"/>	<input type="checkbox"/>		1/2 Full	<input type="checkbox"/>	<input type="checkbox"/>	
Marble	<input type="checkbox"/>	<input type="checkbox"/>		Square	<input type="checkbox"/>	<input type="checkbox"/>	
Plastic Laminate	<input type="checkbox"/>	<input type="checkbox"/>		Eased	<input type="checkbox"/>	<input type="checkbox"/>	
Stainless Steel	<input type="checkbox"/>	<input type="checkbox"/>		Contrast Color			
Soapstone	<input type="checkbox"/>	<input type="checkbox"/>		Other			
Solid Surface	<input type="checkbox"/>	<input type="checkbox"/>		Backsplash			
Wood	<input type="checkbox"/>	<input type="checkbox"/>		Match to Counter	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>		Full Height	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>		Endsplash 4" High	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>		Color or Pattern:			
Color or Pattern:				Details:			
Details: _____							
Preparation:							
Describe: _____							
Decking: _____							
Insert: _____							

Sink							
Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by			Installed by			
	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>		KS <input type="checkbox"/>	O/OA <input type="checkbox"/>		
Material	Sink #1	Sink #2	Sink #3	Mounting	Sink #1	Sink #2	Sink #3
Composite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-Rimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enamel/ Cast Iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Under-Mount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Porcelain/ Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Integral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stainless Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counter Section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solid Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Apron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special Features	Sink #1	Sink #2	Sink #3
Number of Bowls	Sink #1	Sink #2	Sink #3	Drainboard L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drainboard R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accessories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large / Small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Three	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color	Sink #1	Sink #2	Sink #3	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details: _____				5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Faucet							
Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by			Installed by			
	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>		KS <input type="checkbox"/>	O/OA <input type="checkbox"/>		
Material	Sink #1	Sink #2	Sink #3	Style / Features	Sink #1	Sink #2	Sink #3
Brass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One Handle <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Two-Handles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epoxy-Color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bridge Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pot Filler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brushed Nickel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Goose Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pewter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pull-out Spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stainless Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Automatic Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Features	Sink #1	Sink #2	Sink #3
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Separate Spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Instant Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher Air Gap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dispensers							
Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by			Installed by			
	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>		KS <input type="checkbox"/>	O/OA <input type="checkbox"/>		
Type	Sink #1	Sink #2	Sink #3	Type	Sink #1	Sink #2	Sink #3
Dish Detergent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand Soap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Lotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Lighting Systems								
Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by			Installed by				
	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>		KS <input type="checkbox"/>	O/OA <input type="checkbox"/>			
General	<input type="checkbox"/> Incandescent	<input type="checkbox"/> Halogen	<input type="checkbox"/> Fluorescent	<input type="checkbox"/> Xenon	Ambient			
					<input type="checkbox"/> Cove	<input type="checkbox"/> Recessed	<input type="checkbox"/> Pendant	<input type="checkbox"/> Surface mtd.
Decorative	<input type="checkbox"/> Incandescent	<input type="checkbox"/> Halogen	<input type="checkbox"/> Fluorescent	<input type="checkbox"/> Xenon	<input type="checkbox"/> Track	<input type="checkbox"/> Incandescent	<input type="checkbox"/> Halogen	<input type="checkbox"/> Fluorescent
Under Cabinet	<input type="checkbox"/> Incandescent	<input type="checkbox"/> Halogen	<input type="checkbox"/> Fluorescent	<input type="checkbox"/> Xenon	Other _____			
					Other _____			
					Other _____			

Appliance & Fixture Specifications - Option 1

(Option 1 to be used by design professionals who select specific appliances for the client.)

Size	Color	Item / Description	Manufacturer	Model #	Notes
Surface Cooking			Configuration: P=Professional CT=Cooktop (controls on top) RT=Range Top (controls on front) Style: DI = Drop-in FS=Freestanding SI = Slide-in		
		Range_____ Config._____ Fuel_____			
		Cooktop_____ Config._____ Fuel_____			
		Rangetop_____ Config._____ Fuel_____			
Surface Ventilation			Remote Blower	Interior Blower	Recirculate
		Hood: <input type="checkbox"/> Wall Mounted <input type="checkbox"/> Island			
		Duct Cover:_____			
		Hood Liner and/or Blower:_____			
		Down Draft:_____			
		Micro Combo:_____			
Oven Cooking					
		Oven: <input type="checkbox"/> Single_____ <input type="checkbox"/> Double_____			
		<input type="checkbox"/> Oven / Microwave Combo			
		Warming Drawer_____ Quantity:_____			
Microwave and Specialty Ovens			Configuration: CT= Countertop BI= Built-In OTR= Over The Range		
		Microwave_____ Config._____			
		Trim Kit:_____			
		Other:_____			
Refrigeration			Configuration: SxS= Side-by-Side UCDR= Undercounter Drawers UCD= Undercounter Door L/R TF= Top Freezer BF=Bottom Freezer Style: Free Standing BI= Built-In (Standard) IN=Built-In (Integrated) AR=All Refrigerator AF=All Freezer		
		Refrig. Config _____ Style:_____			
		Refrig. Config _____ Style:_____			
		Refrig. Config _____ Style:_____			
		Front Panel_____			
Dishwasher / Compactor / Icemaker			Style: ST= Standard IN= Integrated SI= Semi-Integrated DR=Drawer		
		Dishwasher_____ Style_____			
		Compactor_____ Style_____			
		Front Panel_____			
Water Products			Configuration: S= Single D=Double BL= Big and Little Style: UM= Undermount TM= Top Mount IN= Intergral AP= Apron C=Counter Section		
		Sink #1 Config _____ Style_____			
		Faucet:_____			
		Sink #2 Config _____ Style_____			
		Faucet:_____			
		Sink #3 Config _____ Style_____			
		Faucet:_____			
		Sink Accessories:_____			
		Instant Hot:_____			
		Water Filter:_____			
		Garbage Disposer_____ Quantity_____			
Miscellaneous			(Laundry, BBQ / Outdoor Equip, Intercom, Vacuum, Espresso, Ironing Center, Water Softener, Warranty, etc.)		

End Appliance & Fixture Specifications - Option 1

Appliance & Fixture Specifications - Option 2

(Option 2 is used by designers who gather all generic appliance info., rather than specifying specific appliances.)

Range				Cooktop / Range Top							
Use Existing		Furnished by		Installed by		Use Existing		Furnished by		Installed by	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>
<input type="checkbox"/> New <input type="checkbox"/> Existing Finish: _____ Size: _____				<input type="checkbox"/> New <input type="checkbox"/> Existing Finish: _____ Size: _____							
Fuel				Fuel							
<input type="checkbox"/> Electricity		<input type="checkbox"/> Natural Gas		<input type="checkbox"/> Electricity		<input type="checkbox"/> Natural Gas		<input type="checkbox"/> Propane			
<input type="checkbox"/> Propane				<input type="checkbox"/> Free-Standing		<input type="checkbox"/> Drop-In		<input type="checkbox"/> Slide-In			
Type				Type							
<input type="checkbox"/> Integrated		<input type="checkbox"/> Professional Style		<input type="checkbox"/> Free-Standing		<input type="checkbox"/> Drop-In		<input type="checkbox"/> Slide-In			
Electric Surface Units				Electric Surface Units							
<input type="checkbox"/> Conventional Coil		<input type="checkbox"/> Solid Disk (Electric Hob)		<input type="checkbox"/> Sealed Glass Ceramic		<input type="checkbox"/> Conventional Coil		<input type="checkbox"/> Solid Disk (Electric Hob)		<input type="checkbox"/> Sealed Glass Ceramic	
<input type="checkbox"/> Magnetic Induction		<input type="checkbox"/> Halogen Unit		<input type="checkbox"/> Thermostatic Controlled Unit		<input type="checkbox"/> Magnetic Induction		<input type="checkbox"/> Halogen Unit		<input type="checkbox"/> Thermostatic Controlled Unit	
<input type="checkbox"/> Dual Size Unit						<input type="checkbox"/> Dual Size Unit					
Gas Surface Units				Gas Surface Units							
<input type="checkbox"/> Open-Air (Conventional)		<input type="checkbox"/> Sealed		<input type="checkbox"/> High BTU		<input type="checkbox"/> Open-Air (Conventional)		<input type="checkbox"/> Sealed		<input type="checkbox"/> High BTU	
Surface Controls				Surface Controls							
<input type="checkbox"/> Electronic		<input type="checkbox"/> Conventional Knob				<input type="checkbox"/> Electronic		<input type="checkbox"/> Conventional Knob		<input type="checkbox"/> Griddle <input type="checkbox"/> Grill	
Other Cooking Surface Features				Other Cooking Surface Features							
<input type="checkbox"/> Griddle		<input type="checkbox"/> Grill				<input type="checkbox"/> Griddle		<input type="checkbox"/> Grill			
Oven Features				Oven Features							
<input type="checkbox"/> Electric Oven		<input type="checkbox"/> Gas Oven		<input type="checkbox"/> Broiler		<input type="checkbox"/> Electric Oven		<input type="checkbox"/> Gas Oven		<input type="checkbox"/> Broiler	
<input type="checkbox"/> Convection Oven		<input type="checkbox"/> Pyrolytic (Self-Cleaning)		<input type="checkbox"/> Other _____		<input type="checkbox"/> Convection Oven		<input type="checkbox"/> Pyrolytic (Self-Cleaning)		<input type="checkbox"/> Other _____	
Controls: <input type="checkbox"/> Conventional Knob <input type="checkbox"/> Electronic				Controls: <input type="checkbox"/> Conventional Knob <input type="checkbox"/> Electronic							
Other Range Features				Other Range Features							

Ventilation System					
Use Existing		Furnished by		Installed by	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>
Updraft / Canopy				Downdraft / Proximity	
<input type="checkbox"/> Exhaust		<input type="checkbox"/> Recirculating		<input type="checkbox"/> Surface Mount	
				<input type="checkbox"/> Pop-Up (Behind Cooktop)	
				<input type="checkbox"/> Pop-Up (Next to Cooktop)	
Hood				Ventilation System Installation	
<input type="checkbox"/> Match to Cooktop		<input type="checkbox"/> Match to Cabinetry		<input type="checkbox"/> New Ductwork Needed	
<input type="checkbox"/> Custom Design		<input type="checkbox"/> Slim Line / Telescoping		<input type="checkbox"/> Duct Termination	
				<input type="checkbox"/> Space to Run Ductwork	

Ovens					
Use Existing		Furnished by		Installed by	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>
Conventional					
<input type="checkbox"/> New <input type="checkbox"/> Existing Finish: _____ Size: _____					
Configuration					
<input type="checkbox"/> Single		<input type="checkbox"/> Double		<input type="checkbox"/> Combo Micro / Oven	
<input type="checkbox"/> Under-Counter Installation			<input type="checkbox"/> Wall Installation		
<input type="checkbox"/> Convection Cooking-elective		<input type="checkbox"/> Convection Cooking-Gas		<input type="checkbox"/> Steam Cooking	
<input type="checkbox"/> High-Speed Cooking		<input type="checkbox"/> Pyrolytic (Self-Cleaning)			
Controls: <input type="checkbox"/> Conventional Knob <input type="checkbox"/> Electronic					
Other Features					
Brand					
Model #					

Microwave Oven					
Use Existing		Furnished by		Installed by	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>
Microwave Oven					
<input type="checkbox"/> New <input type="checkbox"/> Existing Finish: _____ Size: _____					
Installation					
<input type="checkbox"/> Free-Standing		<input type="checkbox"/> Boxed/Built-In		<input type="checkbox"/> Integrated	
Configuration					
<input type="checkbox"/> Microwave-Ventilation Combo				<input type="checkbox"/> Professional Style	
<input type="checkbox"/> Microwave-Convection Cooking				<input type="checkbox"/> Microwave-Light Cooking	
Features					
<input type="checkbox"/> Browning Element				<input type="checkbox"/> Turntable	
Brand					

Refrigerator / Freezer

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by			Installed by			
	KS <input type="checkbox"/>		O/OA <input type="checkbox"/>	KS <input type="checkbox"/>		O/OA <input type="checkbox"/>	
Type	#1	#2	#3	Features	#1	#2	#3
Single Door Refrigerator				Ice Maker			
Single Door Freezer				Ice Dispenser (Door)			
Refrigerator / Freezer:				Mini-Door Access			
Side by Side				Water Disp. (Outside)			
Top Mount				LCD Screen			
Bottom Mount							
Undercounter				Other Features	#1	#2	#3
Modular Units:							
Refrigerator Drawers							
Freezer Drawers							
Freezer:							
Upright				Other Cooling Appliances			
Chest				<input type="checkbox"/> Ice Maker	<input type="checkbox"/> Wine Storage		
Installation	#1	#2	#3				
Free-Standing							
Boxed-In							
Integrated							
Under-Counter							
Decorative Panels							

Dishwasher

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by		Installed by		
	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>	KS <input type="checkbox"/>		O/OA <input type="checkbox"/>
Type	#1	#2	Interior Finish	#1	#2
Door			Plastic		
Drawers			Stainless		
Installation	#1	#2	Dishwasher Features	#1	#2
Built-In			Adjustable Shelves		
Integrated with Decorative Panel to Match Cabinets			Flatware Trays		
Stainless Steel			Multiple Racks		
Color Front			Special Cycles		
			Stem Storage		

Other Clean-Up Appliances

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by			Installed by			
	KS <input type="checkbox"/>		O/OA <input type="checkbox"/>	KS <input type="checkbox"/>		O/OA <input type="checkbox"/>	
Type	#1	#2	#3	Type	#1	#2	#3
Disposer:				Trash Compactor			
Batch Feed							
Continuous Feed							

Other Appliances

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by			Installed by		
	KS <input type="checkbox"/>		O/OA <input type="checkbox"/>	KS <input type="checkbox"/>		O/OA <input type="checkbox"/>
Type:						
<input type="checkbox"/> Built-In Small Appliances	<input type="checkbox"/> Computer	<input type="checkbox"/> Intercom	<input type="checkbox"/> VCR / DVD	<input type="checkbox"/> Warming Drawer	<input type="checkbox"/> Washer / Dryer	
<input type="checkbox"/> Radio	<input type="checkbox"/> Telephone	<input type="checkbox"/> Television	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	

End of Appliance & Fixture Specifications - Option 2

Flooring

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by KS <input type="checkbox"/> O/OA <input type="checkbox"/>		Installed by KS <input type="checkbox"/> O/OA <input type="checkbox"/>	
Floor Preparation		Floor Covering		
<input type="checkbox"/> Removal: _____ <input type="checkbox"/> Leveling: _____ <input type="checkbox"/> Shim: _____ <input type="checkbox"/> Subfloor Material: _____ <input type="checkbox"/> Underlayment: _____ <input type="checkbox"/> Baseboard Under Trim: _____ <input type="checkbox"/> Transition Treatment _____		Material <input type="checkbox"/> Bamboo <input type="checkbox"/> Carpet <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Cork <input type="checkbox"/> Laminate <input type="checkbox"/> Linoleum <input type="checkbox"/> Vinyl-Sheet <input type="checkbox"/> Vinyl-Tile <input type="checkbox"/> Wood <input type="checkbox"/> Wood-Engineered <input type="checkbox"/> Stone <input type="checkbox"/> Other: _____ 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 KS <input type="checkbox"/> O/OA <input type="checkbox"/>		Installed by KS <input type="checkbox"/> O/OA <input type="checkbox"/>	
Interior Wall Patch: _____		Exterior Wall Patch: _____		Sink Vent Relocation: _____
Window #	Configuration	Size	Screen	
			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

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by KS <input type="checkbox"/> O/OA <input type="checkbox"/>		Installed by KS <input type="checkbox"/> O/OA <input type="checkbox"/>	
Hardware Finish: _____		<input type="checkbox"/> Passage <input type="checkbox"/> Privacy <input type="checkbox"/> Knob <input type="checkbox"/> Lever		
(Note: Door hinging determined as you face door and open toward you.)				

Door #	Configuration	Hinge	Size	Screen
		<input type="checkbox"/> L <input type="checkbox"/> R		Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> L <input type="checkbox"/> R		Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> L <input type="checkbox"/> R		Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> L <input type="checkbox"/> R		Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> L <input type="checkbox"/> R		Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> L <input type="checkbox"/> R		Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> L <input type="checkbox"/> R		Screen: <input type="checkbox"/> Yes <input type="checkbox"/> No

Decorative Surfaces

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by KS <input type="checkbox"/> O/OA <input type="checkbox"/>		Installed by KS <input type="checkbox"/> O/OA <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"/> Wallpaper	<input type="checkbox"/> Paint	<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 Exist. Covering: _____
	<input type="checkbox"/> Other: _____		<input type="checkbox"/> Repairs: _____	
Window Treatment	<input type="checkbox"/> Blinds	<input type="checkbox"/> Fabric	<input type="checkbox"/> Shutters	<input type="checkbox"/> Other: _____

Construction	Source		Category	
	Use Existing	Responsibility		
KS		O/OA		
HVAC Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	Air Conditioning System Age: _____ Planned Improvements: _____ _____ Heating System Age: _____ Planned Improvements: _____ _____ Cooking Ventilation Ductwork Age: _____ Planned Improvements: _____ _____
Electrical Work Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	New Service Panel: _____ Code Updates: _____ Modifications to Exist. Service: _____ _____
Plumbing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	Demolition Work: _____ Exist. Fixture and Equip. Removal: _____ Trash Removal: _____ Reconstruction Work (Except as previously noted.) Windows: _____ _____ Doors: _____ _____ Interior Walls: _____ _____ Exterior Walls: _____ _____ Cabinet Install. / Woodworking Trim Install: _____ _____
Miscellaneous Work Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	Jobsite / Room Clean-up: _____ Building Permit(s): _____ 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: _____

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

Is 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 Kitchen _____

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 Kitchen Wall Perpendicular to Longest Kitchen 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 Circuits Open for Expansion: _____
Existing Electrical Service Capacity: _____ Number of 120V Circuits: _____ Number of 240V Circuits: _____

Appliance Diagram

