

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

**Kitchen Design Survey Form**

Date:
Name:
Residence:
Jobsite Address:

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

Client 2:
Home Phone:
Work Phone:
Cell Phone:
Email:

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

Allied Professional
Name:
Firm:
Address:
Office Phone:
Cell Phone:
Email:

**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 securing project financing?** 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:  
 Appetizers  Entrees  Soups  \_\_\_\_\_  
 Desserts  Salads  \_\_\_\_\_  \_\_\_\_\_

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/package/canned/bottled goods purchased for stock. \_\_\_\_\_
- 
- Cleaning products stocked in bulk: \_\_\_\_\_
  - Paper products stocked in bulk: \_\_\_\_\_
  - Other boxed/package 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: _____                          |

<b>Legend:</b>			
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        | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Can Opener     | <input type="checkbox"/> Electric Frying Pan     | <input type="checkbox"/> Toaster      | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Coffee Grinder | <input type="checkbox"/> Food Processor          | <input type="checkbox"/> Toaster Oven | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Coffee Pot     | <input type="checkbox"/> Griddle                 | <input type="checkbox"/> Wok          |                                |
| <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 you new kitchen?** \_\_\_\_\_

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

3. **Design Notes:** \_\_\_\_\_

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Special Details:

Cabinetry	Source				
Key: KS= Kitchen Specialist O= Owner OA= Owners Agent	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"/>	

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"/>				
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

<b>Use Existing</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Furnished by</b>		<b>Installed by</b>	
	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>
<b>Fascia / Soffit Construction</b> <input type="checkbox"/> Open <input type="checkbox"/> Extended <input type="checkbox"/> Flush <input type="checkbox"/> Recessed <input type="checkbox"/> Remove <input type="checkbox"/> Other _____			<b>Fascia / Soffit Materials</b> <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

<b>Use Existing</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Furnished by</b>			<b>Installed by</b>			
	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>		KS <input type="checkbox"/>	O/OA <input type="checkbox"/>		
<b>Material</b>	Kitchen	Island	Other	<b>Edge Treatment</b>	Kitchen	Island	Other
Ceramic Tile	<input type="checkbox"/>	<input type="checkbox"/>		<b>Thickness</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Size				<b>Shape:</b>	<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"/>		<b>Contrast Color</b>			
Soapstone	<input type="checkbox"/>	<input type="checkbox"/>		<b>Other</b>			
Solid Surface	<input type="checkbox"/>	<input type="checkbox"/>		<b>Backsplash</b>			
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"/>		<b>Color or Pattern:</b>			
<b>Color or Pattern:</b>				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	KS <input type="checkbox"/>		O/OA <input type="checkbox"/>	KS <input type="checkbox"/>		O/OA <input type="checkbox"/>		
<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 _____			
	<input type="checkbox"/> Incandescent	<input type="checkbox"/> Halogen	<input type="checkbox"/> Fluorescent	<input type="checkbox"/> Xenon	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
<b>Surface Cooking</b>			<b>Configuration:</b> P=Professional CT=Cooktop (controls on top) RT=Range Top (controls on front) <b>Style:</b> DI = Drop-in FS=Freestanding SI = Slide-in		
		Range _____ Config. _____ Fuel _____			
		Cooktop _____ Config. _____ Fuel _____			
		Rangetop _____ Config. _____ Fuel _____			
<b>Surface Ventilation</b> <input type="checkbox"/> Remote Blower <input type="checkbox"/> Interior Blower <input type="checkbox"/> Recirculate <input type="checkbox"/> CFM <input type="checkbox"/> Height <input type="checkbox"/> Transition					
		Hood: <input type="checkbox"/> Wall Mounted <input type="checkbox"/> Island			
		Duct Cover: _____			
		Hood Liner and/or Blower: _____			
		Down Draft: _____			
		Micro Combo: _____			
<b>Oven Cooking</b>					
		Oven: <input type="checkbox"/> Single <input type="checkbox"/> Double			
		<input type="checkbox"/> Oven / Microwave Combo			
		Warming Drawer _____ Quantity: _____			
<b>Microwave and Specialty Ovens</b>			<b>Configuration:</b> CT= Countertop    BI= Built-In    OTR= Over The Range		
		Microwave _____ Config. _____			
		Trim Kit: _____			
		Other: _____			
<b>Refrigeration</b>			<b>Configuration:</b> SxS= Side-by-Side    UC DR= Undercounter Drawers    UCD= Undercounter Door    L/R    TF= Top Freezer    BF=Bottom Freezer <b>Style:</b> 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 _____			
<b>Dishwasher / Compactor / Icemaker</b>			<b>Style:</b> ST= Standard    IN= Integrated    SI= Semi-Integrated    DR=Drawer		
		Dishwasher _____ Style _____			
		Compactor _____ Style _____			
		Front Panel _____			
<b>Water Products</b>			<b>Configuration:</b> S= Single    D=Double    BL= Big and Little <b>Style:</b> 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 _____			
<b>Miscellaneous</b> (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: _____							
<b>Fuel</b>				<b>Fuel</b>							
<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							
<b>Type</b>				<b>Type</b>							
<input type="checkbox"/> Free-Standing		<input type="checkbox"/> Drop-In		<input type="checkbox"/> Slide-In		<input type="checkbox"/> Free-Standing		<input type="checkbox"/> Drop-In		<input type="checkbox"/> Slide-In	
<input type="checkbox"/> Integrated		<input type="checkbox"/> Professional Style		<input type="checkbox"/> Integrated		<input type="checkbox"/> Professional Style					
<b>Electric Surface Units</b>				<b>Electric Surface Units</b>							
<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					
<b>Gas Surface Units</b>				<b>Gas Surface Units</b>							
<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	
<b>Surface Controls</b>				<b>Surface Controls</b>							
<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	
<b>Other Cooking Surface Features</b>				<b>Other Cooking Surface Features</b>							
<input type="checkbox"/> Griddle		<input type="checkbox"/> Grill									
<b>Oven Features</b>				<b>Oven Features</b>							
<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							
<b>Other Range Features</b>				<b>Other Range Features</b>							

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"/>				
<b>Updraft / Canopy</b>				<b>Downdraft / Proximity</b>					
<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)	
<b>Hood</b>				<b>Ventilation System Installation</b>					
<input type="checkbox"/> Match to Cooktop		<input type="checkbox"/> Match to Cabinetry		<input type="checkbox"/> New Ductwork Needed		<input type="checkbox"/> Duct Termination			
<input type="checkbox"/> Custom Design		<input type="checkbox"/> Slim Line / Telescoping		<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"/>
<b>Conventional</b>					
<input type="checkbox"/> New <input type="checkbox"/> Existing Finish: _____ Size: _____					
<b>Configuration</b>					
<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					
<b>Other Features</b>					

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"/>
<b>Microwave Oven</b>					
<input type="checkbox"/> New <input type="checkbox"/> Existing Finish: _____ Size: _____					
<b>Installation</b>					
<input type="checkbox"/> Free-Standing		<input type="checkbox"/> Boxed/Built-In		<input type="checkbox"/> Integrated	
<b>Configuration</b>					
<input type="checkbox"/> Microwave-Ventilation Combo		<input type="checkbox"/> Professional Style			
<input type="checkbox"/> Microwave-Convection Cooking		<input type="checkbox"/> Microwave-Light Cooking			
<b>Features</b>					
<input type="checkbox"/> Browning Element		<input type="checkbox"/> Turntable			

## 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"/>	
<b>Type</b>	#1	#2	#3	<b>Features</b>	#1	#2	#3
Single Door Refrigerator				Ice Maker			
Single Door Freezer				Ice Dispenser (Door)			
<b>Refrigerator / Freezer:</b>				Mini-Door Access			
Side by Side				Water Disp. (Outside)			
Top Mount				LCD Screen			
Bottom Mount							
Undercounter							
<b>Modular Units:</b>				<b>Other Features</b>	#1	#2	#3
Refrigerator Drawers							
Freezer Drawers							
<b>Freezer:</b>							
Upright							
Chest							
<b>Installation</b>	#1	#2	#3	<b>Other Cooling Appliances</b>			
Free-Standing				<input type="checkbox"/> Ice Maker		<input type="checkbox"/> Wine Storage	
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"/>		
<b>Type</b>	#1	#2	<b>Interior Finish</b>	#1	#2
Door			Plastic		
Drawers			Stainless		
<b>Installation</b>	#1	#2	<b>Dishwasher Features</b>	#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"/>	
<b>Type</b>	#1	#2	#3	<b>Type</b>	#1	#2	#3
<b>Disposer:</b>				<b>Trash Compactor</b>			
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"/>
<b>Type:</b>						
<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

<b>Use Existing</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Furnished by</b> KS <input type="checkbox"/> O/OA <input type="checkbox"/>	<b>Installed by</b> KS <input type="checkbox"/> O/OA <input type="checkbox"/>
<b>Floor Preparation</b>		<b>Floor Covering</b>
<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 _____		<b>Material</b> <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: _____ <b>Color or Pattern:</b> 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

<b>Use Existing</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Furnished by</b> KS <input type="checkbox"/> O/OA <input type="checkbox"/>	<b>Installed by</b> 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

<b>Use Existing</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Furnished by</b> KS <input type="checkbox"/> O/OA <input type="checkbox"/>	<b>Installed by</b> 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		
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

**(Note: Door hinging determined as you face door and open toward you.)**

## Decorative Surfaces

<b>Use Existing</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Furnished by</b> KS <input type="checkbox"/> O/OA <input type="checkbox"/>	<b>Installed by</b> KS <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"/> 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	
<b>HVAC</b> 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: _____ _____
<b>Electrical Work</b> Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	New Service Panel: _____ Code Updates: _____ Modifications to Exist. Service: _____ _____
<b>Plumbing:</b>	<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: _____ _____
<b>General Carpentry</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<b>Demolition Work:</b> _____ Exist. Fixture and Equip. Removal: _____ Trash Removal: _____ <b>Reconstruction Work (Except as previously noted.)</b> Windows: _____ _____ Doors: _____ _____ Interior Walls: _____ _____ Exterior Walls: _____ _____ Cabinet Install. / Woodworking Trim Install: _____ _____
<b>Miscellaneous Work</b> 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  $\frac{3}{4}$ )

**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: \_\_\_\_\_

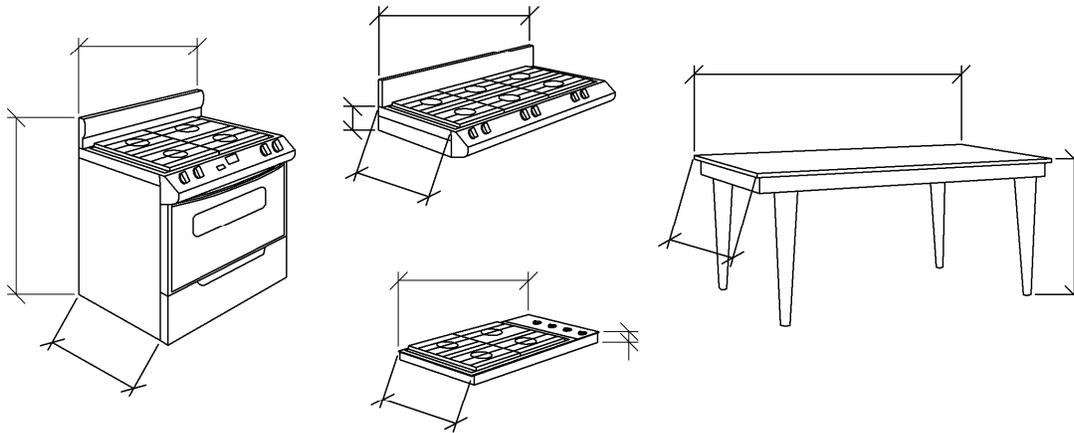
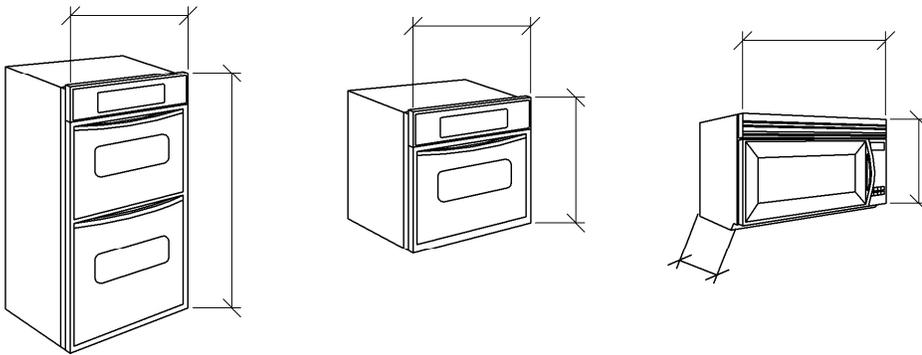
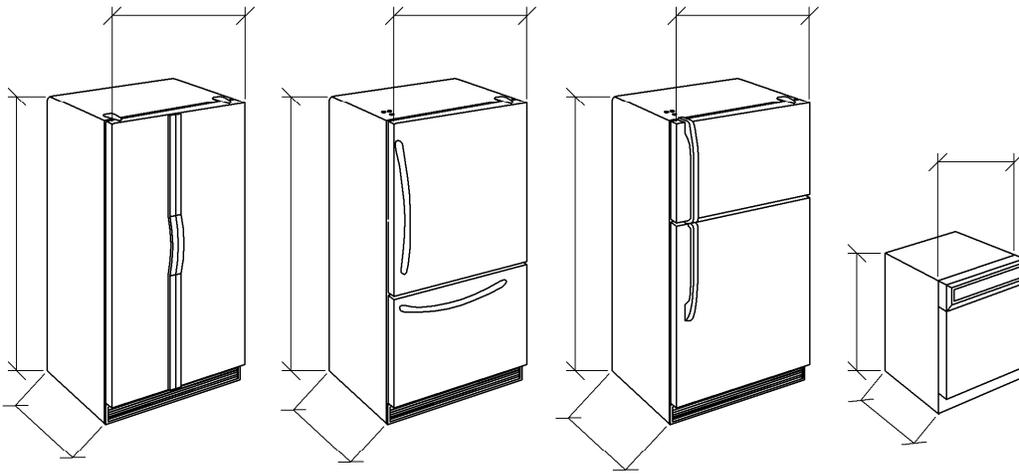
### Electrical

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





# Heating Diagram

