

Acadian House Kitchen & Bath Studio

12888 Jefferson Hwy.
Baton Rouge, La. 70816

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:

<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/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:*

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

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

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

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				Ambient			
<input type="checkbox"/> Incandescent	<input type="checkbox"/> Halogen	<input type="checkbox"/> Fluorescent	<input type="checkbox"/> Xenon	<input type="checkbox"/> Cove	<input type="checkbox"/> Recessed	<input type="checkbox"/> Pendant	<input type="checkbox"/> Surface mtd.
Decorative				<input type="checkbox"/> Track	<input type="checkbox"/> Incandescent	<input type="checkbox"/> Halogen	<input type="checkbox"/> Fluorescent
<input type="checkbox"/> Incandescent	<input type="checkbox"/> Halogen	<input type="checkbox"/> Fluorescent	<input type="checkbox"/> Xenon	Other _____			
Under Cabinet				Other _____			
<input type="checkbox"/> Incandescent	<input type="checkbox"/> Halogen	<input type="checkbox"/> Fluorescent	<input type="checkbox"/> Xenon	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 <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: _____			
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							
Type				Type							
<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					
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"/> 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"/>
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					

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			

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							
Modular Units:				Other Features	#1	#2	#3
Refrigerator Drawers							
Freezer Drawers							
Freezer:							
Upright							
Chest							
Installation	#1	#2	#3	Other Cooling Appliances			
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"/>	KS <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		Installed by	
	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>
Floor Preparation		Floor Covering		
<input type="checkbox"/> Removal: _____		Material		
<input type="checkbox"/> Leveling: _____		<input type="checkbox"/> Bamboo	<input type="checkbox"/> Carpet	<input type="checkbox"/> Ceramic Tile
<input type="checkbox"/> Shim: _____		<input type="checkbox"/> Laminate	<input type="checkbox"/> Linoleum	<input type="checkbox"/> Vinyl-Sheet
<input type="checkbox"/> Subfloor Material: _____		<input type="checkbox"/> Wood	<input type="checkbox"/> Wood-Engineered	<input type="checkbox"/> Stone
<input type="checkbox"/> Underlayment: _____		<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Baseboard Under Trim: _____		Color or Pattern:		
<input type="checkbox"/> Transition Treatment _____		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		Installed by	
	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>	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	

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		Installed by	
	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>	KS <input type="checkbox"/>	O/OA <input type="checkbox"/>
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
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.)				

Decorative Surfaces					
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"/>	
Wall Preparation	<input type="checkbox"/> New Plaster/Drywall	<input type="checkbox"/> Clean	<input type="checkbox"/> Patch Exist	<input type="checkbox"/> Remove Exist. Covering: _____	
Wall Finish	<input type="checkbox"/> Paint	<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Tile	<input type="checkbox"/> Other: _____	
Ceiling Finish	<input type="checkbox"/> Paint	<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Suspended	<input type="checkbox"/> Vaulted	<input type="checkbox"/> Other: _____
Ceiling Preparation	<input type="checkbox"/> New Plaster/Drywall	<input type="checkbox"/> Clean	<input type="checkbox"/> Patch Exist	<input type="checkbox"/> Remove 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 ¾)

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: _____

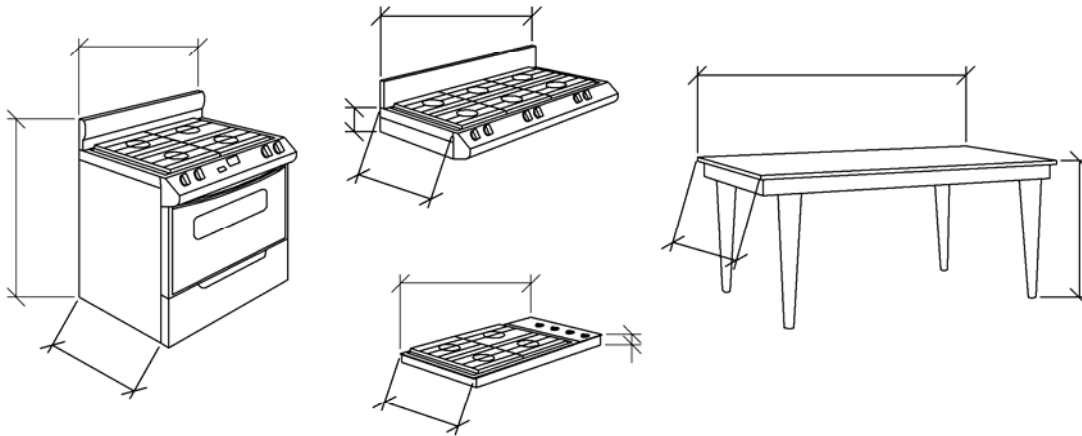
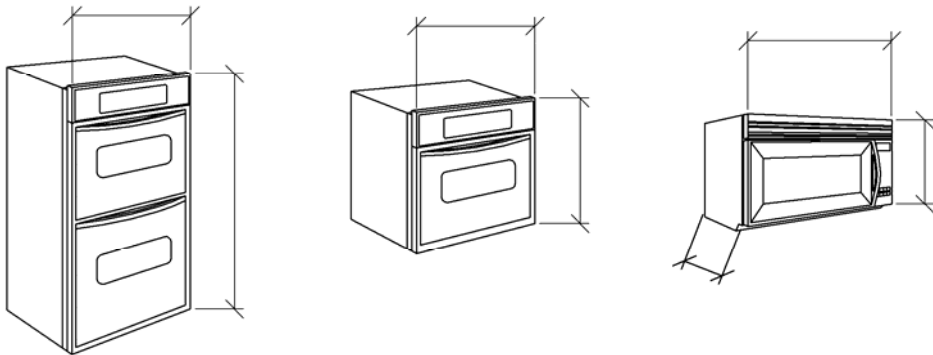
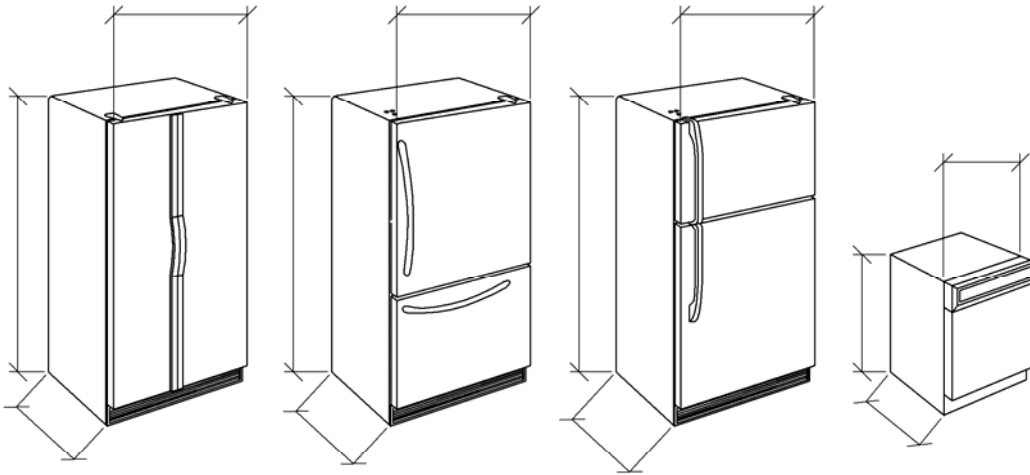
Electrical

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

Register or Fan							
No.	A	B	C	D	E	F	G

