

Yorktowne®



REMODELING CHECKLIST

Before you remodel your kitchen or bathroom, make a checklist of major and minor problems and keep notes of the features you like and dislike. This way, when it comes time to sit down with your designer, they'll know exactly how to suit your needs, taste and style.

Start by thinking about the details in your kitchen and what you'd like to either keep or change in your remodeled room. Use the checklist below for a remodel and indicate what you would like to change, and make any special notes that will help your designer.

REMODELING PROJECT

How soon are you planning to remodel?

Do You have a Contractor/Remodeler? Yes No

What is your budgeted investment?

What is the main reason for making the change(s)?

Which rooms will need cabinetry?

Kitchen #___ Bath(s) Library/Office Laundry Entertainment area Other

When will the cabinets be needed? Approximate start date: _____ Completion date: _____

Are you willing to change the location of doors and/or windows if necessary? Yes No

If yes, explain:

What new appliances are you considering and what appliances will be re-used?

What small appliances will you need space for?

Coffeemaker Blender
 Toaster Mixer
 Food Processor Wok
 Other

Has anyone prepared a kitchen design for you? Yes No

KITCHEN

What do you like about your present kitchen?

What do you dislike about your present kitchen?

How many family members are in your household? ___ Adults ___ Teens ___ Children ___ Pets

What is your décor/color preference?

What is your wood preference?

Do you have any ideas, or have you collected any pictures or sketches that you would like to incorporate into your kitchen design? Yes No

If yes, please provide them.

Do you enjoy: Cooking Gourmet cuisine Baking Canning Other, please specify

Do you entertain frequently? Yes No

Features you would like to see in your new kitchen:

- | | | |
|--|---|---|
| <input type="checkbox"/> Appliance Garage | <input type="checkbox"/> Sliding Trays | <input type="checkbox"/> Lazy Susan |
| <input type="checkbox"/> Spice Storage | <input type="checkbox"/> Bookcase | <input type="checkbox"/> Tilt-out Sink Tray |
| <input type="checkbox"/> Bread Box | <input type="checkbox"/> Trash Hamper | <input type="checkbox"/> Mullion Doors |
| <input type="checkbox"/> Tray Divider | <input type="checkbox"/> Cutlery Tray | <input type="checkbox"/> Open Shelving |
| <input type="checkbox"/> Utility Cabinet | <input type="checkbox"/> Cutting Board | <input type="checkbox"/> Pantry |
| <input type="checkbox"/> Decorative Moldings | <input type="checkbox"/> Recycling Center | <input type="checkbox"/> Wine Storage |
| <input type="checkbox"/> Desk Area | <input type="checkbox"/> File Drawers | |

What secondary activities do you want to take place in the kitchen?

Do you prepare at least one meal every day? Yes No

How many members are normally served at once?

Is there a separate dining room? Yes No

Do you own or plan to purchase a table for the kitchen?

- Yes Size _____ Shape: square rectangular round oval
- No

Are you the primary cook? Yes No

Is the primary cook right handed? Yes No

How tall are you? _____ How tall is the other cook? (if applicable) _____

Is there anyone in the household with special needs?

Left handed Physically challenged Other, please explain:

In what areas should the special requirements be incorporated?

How often do you grocery shop?

Every other week Weekly

Twice a week Daily

Other, please specify

Do you purchase any products in bulk (quantity)? Yes No

Where do you presently store your packaged foods and canned goods?

Where do you presently store tall cleaning and ironing equipment?

Do you recycle? Yes No

Location of recycling bins: In house Garage

What recycle bins are needed? Glass Plastic Newspaper Magazines

BATH

What is the main reason for making changes?

What do you like about your present bathroom?

What do you dislike about your present bathroom?

wFeatures you would like to see in your new bath: Tall Linen Cabinet Wall Cabinet Hamper

Do you have any ideas, or have you collected any pictures or sketches that you would like to incorporate into your bath design?

Yes No If yes, please provide them.

How many people use this bath? ____

They are: ____Adults ____Teens ____Children ____Infants

Is your bathroom a comfortable size for all users? Yes No

Is your sink at a comfortable height for all users? Yes No

Is there adequate ventilation in the room? Yes No

Is there adequate lighting in the room? Yes No

Is there a convenient spot for soaps and shampoos in the shower/tub area? Yes No

Would you like this storage? Yes No

NOTES
