



Designer: _____

935 Orange Ave Ste. 102 Winter Park, FL 32789

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:**

- | | | | |
|-----------------------|-----------------------------|----------------------------------|---|
| ___ 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

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:** _____

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"/>	

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

Countertops										
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"/>					
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"/>							
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"/>							

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"/>				

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"/> Cork			
<input type="checkbox"/> Shim: _____				<input type="checkbox"/> Laminate <input type="checkbox"/> Linoleum <input type="checkbox"/> Vinyl-Sheet <input type="checkbox"/> Vinyl-Tile			
<input type="checkbox"/> Subfloor Material: _____				<input type="checkbox"/> Wood <input type="checkbox"/> Wood-Engineered <input type="checkbox"/> Stone <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Underlayment: _____				Color or Pattern:			
<input type="checkbox"/> Baseboard Under Trim: _____				Describe: _____			
<input type="checkbox"/> Transition Treatment _____							

Appliance & Fixture Specifications

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.)					

Appliance Diagram

