



When would you like to begin your project? _____

Have you chosen a Builder / Contractor for you installation?

Name: _____ Phone #: _____

How long do you plan to live in this house? _____

What type of seating do you prefer?

Kitchen Table Breakfast Bar Island Separate Dining Room

Number of family members: _____

Are you planning to make any structural changes? If so have you consulted your contractor? List changes: _____

Are there any obstructions that can not be moved? (Select all that apply)

Partitions Chimney Pipes Heating Ducts Radiators Soffit
 Low Beam

What is your ceiling height? _____

Do you have a soffit? Yes No If yes please list: Height: _____ Depth: _____

What type of accessories were you considering putting in your kitchen?

Roll Out Trays Spice Storage Tray Storage Wine Storage Lazy Susan
 Desk Area Wood Range Hood Open Shelves Glass Doors
 Trash/Recycle Cabinet Cutlery Divider Chopping Block Pantry Island
 Peninsula Microwave Shelf Other: _____

What type of countertop are you considering?

Laminate Corian/Solid Surface Granite Quartz Concrete
 Other: _____

What type of sink do you prefer?

Farm House Single Bowl Bowl & 1/2 Double Bowl

Appliances	Type	Brand	Model	Width	Height	Depth
Refrigerator	Top / Bottom / Side by Side					
Range	Freestanding/Slide in					
Wall Oven	Double / Single					
Cook Top						
Microwave	Counter / In Cabinet /					
Dishwasher						