



Kitchen Remodeling Checklist

This checklist includes the most common elements of a bathroom remodel. If you think about these elements in advance, your contractor will be able to design and quote your project within your budget and give you a realistic timeframe for your project. Fill out as much information as you can.

Bathroom Specs

Budget for project: _____

Type of Bathroom (ie: powder, master, other): _____

Current square footage: _____

Desired square footage: _____

Location of bathroom (upstairs, downstairs, new): _____

Floor Plan/Design

Will your project need plans: ___ YES ___ NO

Do you need any walls to be moved: ___ YES ___ NO

Have you applied for all the necessary permits: ___ YES ___ NO

Electrical

Do you need a service upgrade: ___ YES ___ NO

Do you need a sub panel: ___ YES ___ NO

Phone, cable or cad wire: (circle one if yes) ___ YES ___ NO

Outlets

How many: _____ Color: _____ Type: _____

Switches

How many: _____ Color: _____

Dimmers: ___ YES ___ NO

Any three-way: ___ YES ___ NO





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Lighting

Recess Lighting: YES NO Light fixtures? YES NO

Make, Model _____ Units: _____

Finish: _____ Bulbs: _____

Walls

Will there be any wallpaper removal: YES NO - Type of wall texture: _____

Paint:

Brand: _____ Color: _____ Finish: Eggshell Satin Semi-Gloss Gloss

Plumbing

Will the plumbing need to be upgraded or relocated? YES NO

Windows

New windows: YES NO

Total # of windows: _____ Size(s): _____

Make, model: _____

Moldings: YES NO

Type: _____ Profile: _____

Doors

New Doors: YES NO

Total # of doors: _____ Size(s): _____

Make, model: _____





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Moldings:

Type: _____ Profile: _____

Showers/Tubs

Type (ie: Stand up shower, Tub/Shower, Tub only): _____

Tub/Shower

Make, Model: _____ Finish: _____ Color: _____

Tile & Shower pans

Do you want tile on the floor or backsplash: ___ YES ___ NO

Type: _____ Pattern: _____

Grout color: _____ Tile Size: _____

Tub/Shower walls

Materials: _____ Size: _____

Patterns: ___ YES ___ NO Soap dishes: ___ YES ___ NO

Bench: ___ YES ___ NO

Grab bars needed: ___ YES ___ NO Units: _____

Finish: _____ Size: _____

Tub/Shower Glass doors: ___ YES ___ NO Type of glass? _____

Frame finish: _____ Type of unit: _____

Tub/Shower faucet set

Make, model: _____

Finish: _____ Units: _____





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Toilets

Make, Model: _____ Finish: _____ Color: _____

Cabinets/Medicine Cabinets

Custom or Modular: _____

Material, stain or color: _____

Door & drawer type: _____

Custom cabinet accessories (knobs, etc.): _____

Material Finish, Satin or Semi-Gloss: _____

Countertops

Material type: _____

Edge detail: _____

Backsplash material: Type? _____

Sinks

Number of Sinks _____ Make, model: _____

Finish: _____ Color: _____

Sink Faucets

Make, model: _____ Finish: _____

Mirrors

How many: _____ Size: _____

Shape: _____ Glass type: _____

Flooring

Material type: _____ Make, model: _____

Square footage: _____ Baseboards: _____

