

Builder Specialties Inc.

DETAILED PROJECT CHECKLIST

CLIENT INFORMATION:

NAME:

PHONE:

FAMILY AND LIFESTYLE:

Number and approximate ages of family members:

If your family has young children, will they be using the kitchen frequently?

How long do you plan to live in the home you are currently building or remodeling?

Where does your family eat its meals?

Where will your family eat after you build / remodel?

Do you require a kitchen table or island with barstools for eating within the kitchen?

What other activities will take place in your new

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Watching TV | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Paying Bills | <input type="checkbox"/> Computer Center | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> Homework | <input type="checkbox"/> Formal Entertaining | |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Informal Entertaining | |

After you build or remodel, will you be entertaining frequently?

Do you have large or small gatherings?

Do your guests help you in the kitchen when you entertain?

How do you shop? Weekly Buy in Bulk and Store
 By the Meal Other

If you buy in bulk, do you require storage and/or freezer space in the kitchen?

COOKING STYLE

Who is the primary cook?

Is the primary cook right or left handed?

How tall is the primary cook?

What is the primary cooks cooking style?

- | | | | |
|--------------------------|---------------|--------------------------|------------------------|
| <input type="checkbox"/> | Gourmet Meals | <input type="checkbox"/> | Bringing Home Meals |
| <input type="checkbox"/> | Family Meals | <input type="checkbox"/> | Quick and Simple Meals |
| <input type="checkbox"/> | Baking | <input type="checkbox"/> | Other |

Does the primary cook prefer assistance in the kitchen while cooking?

Does the primary cook have any physical limitations?

Who is the secondary cook?

Do the secondary cook and the primary cook prepare meals together?

Is the secondary cook right or left handed?

How tall is the secondary cook?

What are the secondary cooks responsibilities?

Does the secondary cook have any physical limitations?

Is the secondary cook sometimes the primary cook?

DESIGN AND STYLE

What are your color preferences for your new kitchen?

Are there colors you would not want in your new kitchen?

Have you created a scrapbook of notes, clippings, photos, and ideas that you would like to incorporate into your new kitchen?

If the design were greatly improved, would you be willing to make structural changes (for example moving windows, doors, walls or building an addition)?

What do you like about your current kitchen?

What do you dislike about your current kitchen?

What is your style preference for your new kitchen?

- | | | | |
|--------------------------|--------------|--------------------------|-------------|
| <input type="checkbox"/> | Contemporary | <input type="checkbox"/> | Traditional |
| <input type="checkbox"/> | Country | <input type="checkbox"/> | Modern |
| <input type="checkbox"/> | Formal | <input type="checkbox"/> | Other |

PRODUCT SELECTION

CABINETS;

BASIC STYLE

SPECIE OR TYPE AND FINISH

DOOR STYLE

BOX CONSTRUCTION

MISC. CONSTRUCTION DETAILS

ACCESSORIES

- | | | |
|---|---|--|
| <input type="checkbox"/> Lazy susans | <input type="checkbox"/> Glass Doors (type) | <input type="checkbox"/> Pantry |
| <input type="checkbox"/> Wastebasket | <input type="checkbox"/> Spice Rack | <input type="checkbox"/> Vegetable Bins |
| <input type="checkbox"/> Recycling Center | <input type="checkbox"/> Appliance Garage | <input type="checkbox"/> Tilt Out Sink Trays |
| <input type="checkbox"/> Rollout Shelves | <input type="checkbox"/> Bookcase | <input type="checkbox"/> Molding |
| <input type="checkbox"/> Bread Box | <input type="checkbox"/> Other Open Areas | <input type="checkbox"/> Decorative Accents |
| <input type="checkbox"/> Cutlery Divider | <input type="checkbox"/> Cutting Board | <input type="checkbox"/> Other |

COUNTERTOPS

PRIMARY MATERIAL:

SECONDARY MATERIAL (if applicable)

EDGE TYPE:

AMY MISCELLANEOUS INFORMATION:

APPLIANCES AND FIXTURES:

APPLIANCES

<u>ITEM</u>	<u>SIZE</u>	<u>FURNISHED BY</u>
<input type="checkbox"/> Refrigerator	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Icemaker	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Freezer	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Range	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Oven	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Microwave	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Cooktop	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Range Hood	<input type="text"/>	<input type="text"/>

<u>ITEM</u>	<u>SIZE</u>	<u>FURNISHED BY</u>
<input type="checkbox"/> Warming Drawer	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Auxiliary Cooking	<input type="text"/>	<input type="text"/>

<input type="checkbox"/> Dishwasher		
<input type="checkbox"/> Trash Compactor		
<input type="checkbox"/> Garbage Disposal		
<input type="checkbox"/> Washer		
<input type="checkbox"/> Dryer		
<input type="checkbox"/> Other		

FIXTURES

<input type="checkbox"/> Main Sink		
<input type="checkbox"/> Auxiliary Sink		
<input type="checkbox"/> Main Faucet		
<input type="checkbox"/> Auxiliary Faucet		
<input type="checkbox"/> Other		

BATHROOM(S) INFORMATION, IF INCLUDED IN PROJECT

<input type="checkbox"/> Bath Vanity		
<input type="checkbox"/> Linen Storage		
<input type="checkbox"/> Medicine cabinet		
<input type="checkbox"/> Countertop		
<input type="checkbox"/> Lavatory Sink		
<input type="checkbox"/> Lavatory Faucet		
<input type="checkbox"/> Whirlpool Tub		
<input type="checkbox"/> Tub / Shower		
<input type="checkbox"/> Tub Surround		

<u>ITEM</u>	<u>SIZE</u>	<u>FURNISHED BY</u>
<input type="checkbox"/> Shower Doors		
<input type="checkbox"/> Whirlpool Faucet		

<input type="checkbox"/> Tub / Sh Faucet	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Toilet	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Lighting	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>

Would any of the following items / products be of interest to you?

<input type="checkbox"/> Undercabinet or Auxiliary Lighting	<input type="checkbox"/> Windows and Doors
<input type="checkbox"/> Kitchen or Bathroom Ventilation	<input type="checkbox"/> Skylights
<input type="checkbox"/> Specialty Bathroom Ventilation	<input type="checkbox"/> Water Filtration Systems
<input type="checkbox"/> Pedal Operated Valves	<input type="checkbox"/> Barstools
<input type="checkbox"/> Closet Organizing Systems	<input type="checkbox"/> Laminate Flooring
<input type="checkbox"/> Bathroom Accessories	<input type="checkbox"/> Hardwood Flooring
<input type="checkbox"/> Specialty Hardware	<input type="checkbox"/> Other

Would you be interested in discussing work in any of the following other rooms?

<input type="checkbox"/> Laundry Room	<input type="checkbox"/> Dining Room / Hutch
<input type="checkbox"/> Den / Office	<input type="checkbox"/> Bedrooms / Desks
<input type="checkbox"/> Living Room / Entertainment Center	<input type="checkbox"/> Other

TIME AND BUDGET

When would you like to begin your project?

When would you like your project to be finished?

Do you have a budget or allowance for this project? Amount?

If so, what does the budget or allowance cover?

Do you have a contractor or installer preselected?

If not, would you like us to oversee the installation or would you like some

Are there any associated professionals working on this project with you (for example architects, engineers, interior designers etc.)?

If so, who are they and what are their responsibilities?

Is there any other information that may be helpful to us?