

Creative Cabinets By Design

Bathroom Planning Checklist

Please fill out this planning sheet to the best of your ability in order for us to help you refine what you might want in your new kitchen. We will walk you through the process in-person, however, this checklist will help you to think about what you might want. Please have this form filled out for our meeting or email it to cmdaniels413@gmail.com

Name: _____

Address: _____

City, State, Zip: _____

Contact Phone: _____

Email: _____

Jobsite Location if Different than Address: _____

About Your Project

How did you hear about Creative Cabinets By Design? _____

How long do you plan to live in the home you are renovating or building? _____

When was the house originally built? _____ Age of Bathroom? _____

When would you like to begin the project? _____

Do you have a specific contractor with whom you'd like to work with? _____

If so, Name: _____ Phone: _____

What is the project budget range? ☐ 5-10k ☐ 10-20k ☐ 20-40k ☐ 75-100k ☐ don't know

Household & Lifestyle

Is this an additional bathroom? _____

Which bathroom(s) are you focusing on? ☐ Master Bath ☐ Guest Bath ☐ Kids Bath ☐ Powder Room

How many people use the bathroom on a daily basis? _____

How many people use the bathroom at the same time? _____

What is the height range of those who use the bathroom? _____

What is the height of your bathroom ceiling? _____

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Components

What are your practical needs? ☐ More Storage ☐ More Countertop Space ☐ Easier Access
What are your personal needs? ☐ Restful Environment ☐ Variable Lighting ☐ Other _____

Design and Style

What color/finishes are you considering for your new bathroom? _____
Is there a style you are considering? _____
Do you have a sketch or collected pictures and ideas you would like to include? _____
If the design could be greatly improved would you be willing to make structural changes
(move windows, doors, etc)? _____
What do you like about your current bathroom? _____
What do you dislike about your current bathroom? _____
Are there special privacy needs? _____
Are there any special physical requirements? _____