

Project Details

Provide as much detail as possible to assist your Designer in creating the perfect kitchen space.

Name: _____

Phone: _____ Date: _____

M M D D Y Y Y Y

Project Details

New Construction Remodel
Age of home _____ Years

My Project Will Include:

Mostly Redecorating _____
 New Appliances _____
 New Cabinets _____
 New Countertops _____
 New Flooring _____

When are you planning to begin? _____

What is your anticipated budget?

<input type="checkbox"/> Under \$3,000	<input type="checkbox"/> \$3,000 - \$8,000
<input type="checkbox"/> \$8,000 - \$12,000	<input type="checkbox"/> \$12,000 - \$15,000
<input type="checkbox"/> \$15,000 - \$20,000	<input type="checkbox"/> \$20,000 - \$25,000
<input type="checkbox"/> \$25,000 - \$35,000	<input type="checkbox"/> Over \$35,000

Personal Survey

Please complete this sentence. "I want this space to be..."

Pleasing to the eye. I am willing to sacrifice some function to achieve a beautiful kitchen."
 efficient. I don't want to spend a lot of time in the kitchen on routine tasks."
 family friendly. We spend a lot of time in the kitchen together."
 balanced. To achieve this visual symmetry, I will sacrifice function for aesthetics."
 budget-conscious. I've indicated my budget."

How many are in your household? _____

How many children in the household? _____

Do you have any pets in the house? Yes No

Do you like tall cabinets? Yes No

Are there any special design features or requirements that may need to be incorporated?

Number of meals served daily? _____

On average how many people eat at the same time? _____

I want an eating area in the kitchen.
 With table At island
 I want a separate eating/dinning area.
 I want both

Do you entertain frequently? Yes No
 If, Yes Formally Informally

145 Penn Street
Millheim, PA 16854



Kitchen Activities

<input type="checkbox"/> Homework area	<input type="checkbox"/> TV viewing area
<input type="checkbox"/> Baking	<input type="checkbox"/> Canning/preserving food
<input type="checkbox"/> Laundry	<input type="checkbox"/> Sorting of recyclables
<input type="checkbox"/> Wine Cooler	<input type="checkbox"/> Hobbies
<input type="checkbox"/> Desk Area	<input type="checkbox"/> Other _____

Optional Planning

Which of these options would you like to see in your new kitchen?

Appliance Garage Storage for:

<input type="checkbox"/> Coffemaker	<input type="checkbox"/> Toaster
<input type="checkbox"/> Food Process	<input type="checkbox"/> Blender
<input type="checkbox"/> Mixer	<input type="checkbox"/> Other _____

<input type="checkbox"/> Lazy Susan	<input type="checkbox"/> Roll-out trays in base cabinets
<input type="checkbox"/> Pantry	<input type="checkbox"/> Pantry with swing-out shelves
<input type="checkbox"/> Tall Cabinets 42"	<input type="checkbox"/> Sink tilt out trays
<input type="checkbox"/> Spice Rack	<input type="checkbox"/> Stem glass holder
<input type="checkbox"/> Plate Rack	<input type="checkbox"/> Mullion doors for glass
<input type="checkbox"/> Wine Rack	<input type="checkbox"/> Single waste basket
<input type="checkbox"/> Double waste basket	<input type="checkbox"/> Other _____

Design Elements

Decorating Style

<input type="checkbox"/> Country	<input type="checkbox"/> Contemporary
<input type="checkbox"/> Traditional	<input type="checkbox"/> Other _____

Counter Tops

<input type="checkbox"/> Laminate	<input type="checkbox"/> Ceramic
<input type="checkbox"/> Solid Surface	<input type="checkbox"/> Granite
<input type="checkbox"/> Butcher Block	<input type="checkbox"/> Other _____

Flooring

<input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Vinyl
<input type="checkbox"/> Wood	<input type="checkbox"/> Slate
<input type="checkbox"/> Laminate	<input type="checkbox"/> Carpet

Interior Walls

<input type="checkbox"/> Brick	<input type="checkbox"/> Plaster
<input type="checkbox"/> Drywall	<input type="checkbox"/> Tile

Cabinetry

Door Style _____

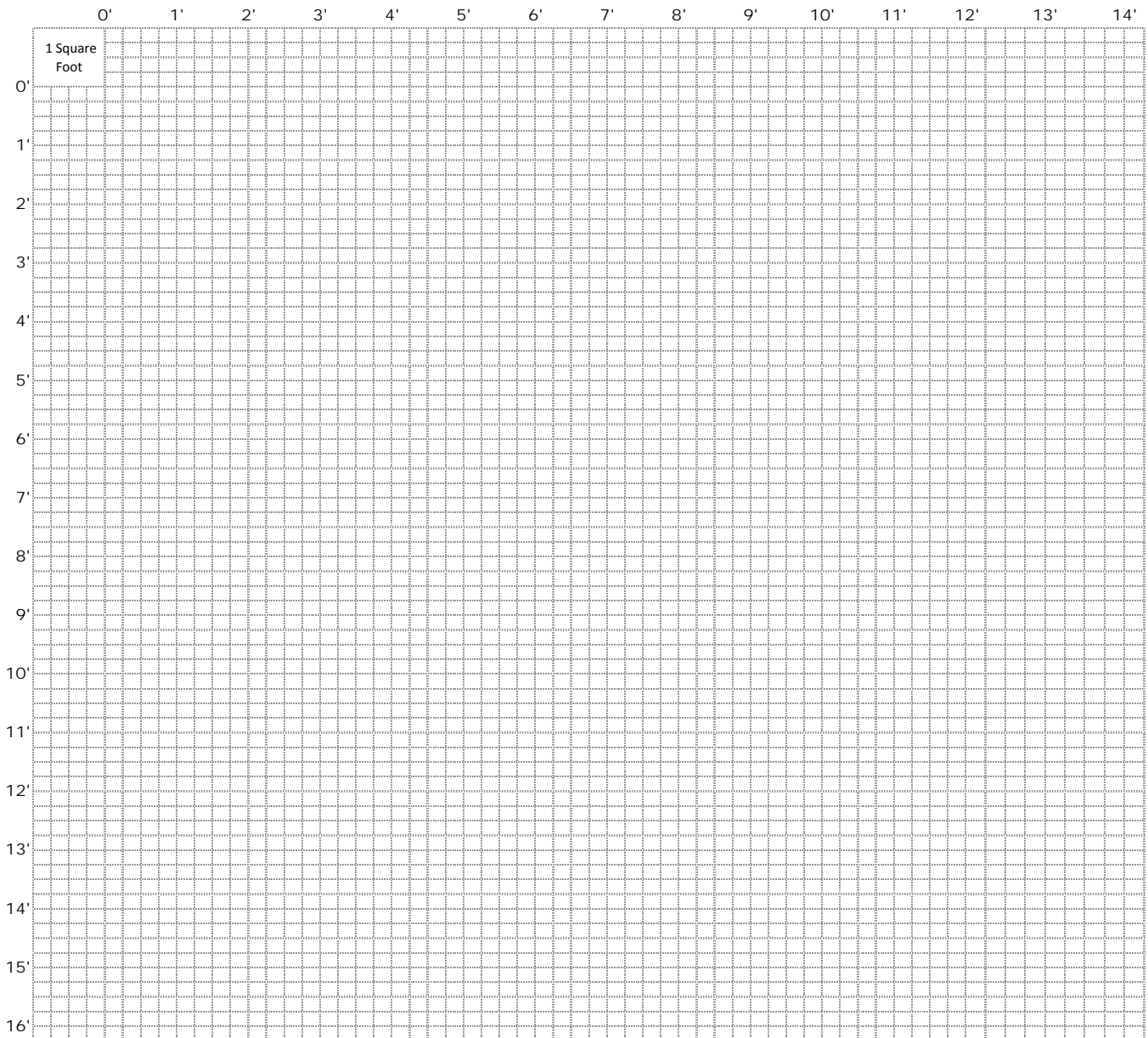
Wood Species _____

Oak Maple Cherry Hickory Pine

Finish Stain Color _____

Measuring Your Space

- 1) Start by measuring each wall of the room and recording the inside dimensions. Measure at the floor then again in the center of the wall and the ceiling, this will be for accuracy and to evaluate the squareness of the room.
- 2) Locate the centerline of the sink and record that onto your drawing, indicate water supply, natural gas supply or 220-volt electric service.
- 3) Next measure each wall individually recording all critical measurements to include any obstacles and their location (i.e outlets, switches, lights, cables, heat registers, phone jacks, cable jacks, doors, windows, etc.).
- 4) Measure the height of the window sill, height and width of the window and doors and height of ceilings and soffits. Record this information on the Door, Window and Soffit charts.



Structural Measurements

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Millheim, PA 16854



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Name: _____

Phone: _____ Date: _____

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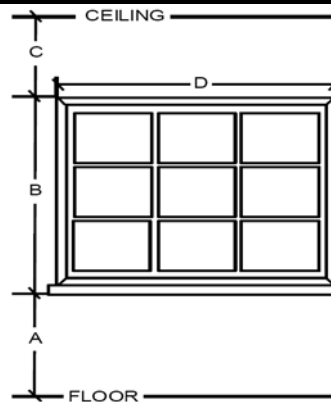
Windows

Measure each window in the kitchen and record below. All measurements should be from the outside edge of the trim. If the window treatments are to be used they will be ___ inside or ___ outside mount.

(Allow 3" on each side of the window for outside mount window treatments.)

Record all measurements in inches

Window	A	B	C	D
1				
2				
3				
4				

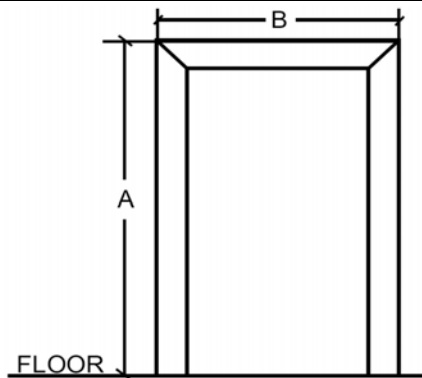


Doors

Measure each door in the kitchen and record below. All measurements should be from the outside edge of the trim. If doors or patio doors are to have draperies or blinds, they will be ___ inside or ___ outside mount.

Record all measurements in inches

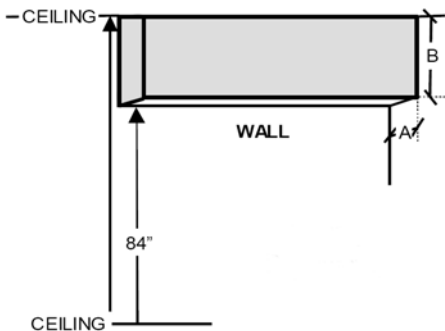
Door	A	B	Hinge (Left/Right)	Swing (In/Out)
1			Left Right	In Out
2			Left Right	In Out
3			Left Right	In Out
4			Left Right	In Out



Soffit

A soffit is the bulkhead between the ceiling and the top of the cabinets. Distance from the floor to the soffit should be at least 84". Allow 1/4" more if you install a 84" tall cabinet. Soffit depth may vary, however normal depth is 13" or 1" deeper than the wall cabinet.

Note: Check the soffit height and depth to ensure the cabinets do not extend beyond the existing soffits.



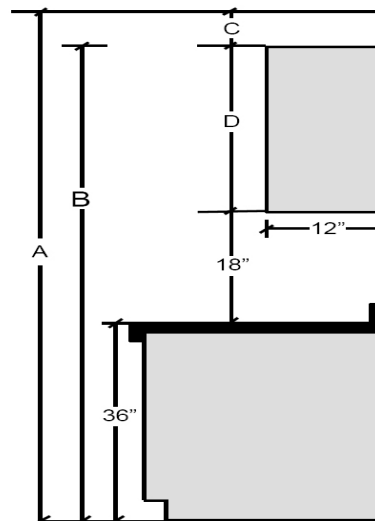
A (depth)
_____ Inches

B (height)
_____ Inches

Room Details

Record all measurements in inches

- _____ A: Ceiling Height
- _____ B: Cabinet Height
- _____ C: Soffit (Depth & Height)
- _____ D: Wall Cabinet Height



Appliances & Fixtures

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Name: _____

Phone: _____ Date: _____

MM DD YYYY

Utilize this chart to record the measurements and information concerning your appliances and fixtures. Share this information with your designer to ensure everything will be incorporated into your new kitchen plan.

Record all measurements in inches		High	Deep	Wide
Range/Cooktop Units		Make/Model # _____		
<input type="checkbox"/>	Free-Standing	_____	_____	_____
<input type="checkbox"/>	Built-in Range	_____	_____	_____
<input type="checkbox"/>	Down-draft cook top	_____	_____	_____
<input type="checkbox"/>	Built-in cook top	_____	_____	_____
<input type="checkbox"/>	Other _____	_____	_____	_____
Notes: _____				

Record all measurements in inches		High	Deep	Wide
Refrigerators		Make/Model # _____		
<input type="checkbox"/>	Single Door	_____	_____	_____
<input type="checkbox"/>	Double Door	_____	_____	_____
<input type="checkbox"/>	Top-Mount freezer	_____	_____	_____
<input type="checkbox"/>	Bottom-mount freezer	_____	_____	_____
<input type="checkbox"/>	Other _____	_____	_____	_____
Notes: _____				

Record all measurements in inches		High	Deep	Wide
Hood Units		Make/Model # _____		
<input type="checkbox"/>	Ductless hood	_____	_____	_____
<input type="checkbox"/>	Hood ducted to outside	_____	_____	_____
<input type="checkbox"/>	Other _____	_____	_____	_____
Notes: _____				

Record all measurements in inches		High	Deep	Wide
Built in Ovens		Make/Model # _____		
<input type="checkbox"/>	Built-in single oven	_____	_____	_____
<input type="checkbox"/>	Built-in double oven	_____	_____	_____
<input type="checkbox"/>	Other _____	_____	_____	_____
Notes: _____				

Record all measurements in inches		High	Deep	Wide
Microwave Units		Make/Model # _____		
<input type="checkbox"/>	Built-in	_____	_____	_____
<input type="checkbox"/>	Free-standing	_____	_____	_____
<input type="checkbox"/>	Spacemaker	_____	_____	_____
<input type="checkbox"/>	Other _____	_____	_____	_____
Notes: _____				

Record all measurements in inches		High	Deep	Wide
Sink		Make/Model # _____		
<input type="checkbox"/>	Single Bowl	_____	_____	_____
<input type="checkbox"/>	Double Bowl	_____	_____	_____
<input type="checkbox"/>	Triple Bowl	_____	_____	_____
<input type="checkbox"/>	L-Shaped Corner	_____	_____	_____
<input type="checkbox"/>	Apron Front	_____	_____	_____
<input type="checkbox"/>	Prep Sink	_____	_____	_____
<input type="checkbox"/>	Other _____	_____	_____	_____

Record all measurements in inches		High	Deep	Wide
Dishwasher		Make/Model # _____		
<input type="checkbox"/>	Other	N/A	N/A	_____
Notes: _____				

<input type="checkbox"/>	Water Filter	<input type="checkbox"/>	Hot Water Dispenser
<input type="checkbox"/>	Soap Dispenser	<input type="checkbox"/>	Other _____
Notes: _____			

Wine Cooler		Make/Model # _____		
Notes: _____				

Trash Compactor		Make/Model # _____		
Notes: _____				