



Kitchen Planning Guide

Name: _____

Date: _____

Address: _____

Telephone: Home: _____

Cell: _____

Email: _____

How many cooks at one time?	How many eating at one time?
When are you planning to remodel?	Ages of children in Household?
New Appliances? Yes or No Colour:	New Sink? Yes or No Style:
Moving walls? Yes or No Done by "The Kitchen Place"? Yes or No	New Faucet? Yes or No Style:
Table? Yes or No Size:	Island? Yes or No Size:
New Cabinets? Yes or No	Installation by "The Kitchen Place"? Yes or No
Cabinetry wood Type? Oak – Maple – Alder – Walnut – Cherry - Painted MDF	Plumbing by "The Kitchen Place"? Yes or No
Cabinetry Stain/ colour?	Electrical by "The Kitchen Place"? Yes or No
Door Style?	Rip out by "The Kitchen Place"? Yes or No
Counter top Material? Laminate – Solid Surface - Granite - Quartz	Do you have Ceramic tiles on your backsplash now? Yes or No
Can we move the sink? Yes or No	Ceramic Tile Backsplash done by "The Kitchen Place"? Yes or No
Basement ceiling below kitchen finished? Yes or No	Flooring Material? New or Existing

What is your anticipated budget?

Under \$20,000 (Please specify work to be done)

\$20,000 to \$30,000

\$30,000 to \$40,000

Over \$40,000 (Please specify work to be done)

Comments: _____

Why did you choose “The Kitchen Place” for your kitchen?

- Yellow pages Website/Internet Previous customer Word of mouth referral Radio Ad

Accessories

The Kitchen Place offers a wide selection of accessories and options for your new kitchen. Please select the ones you would like.

- | | |
|--|---|
| <input type="checkbox"/> Open Shelves – Bookcases | <input type="checkbox"/> Window Valance |
| <input type="checkbox"/> Wine Rack | <input type="checkbox"/> Light Valance |
| <input type="checkbox"/> Appliance Garage | <input type="checkbox"/> Crown Molding |
| <input type="checkbox"/> Angled end Cabinet | <input type="checkbox"/> Tilt Out Sink Front |
| <input type="checkbox"/> Base Lazy Susan | <input type="checkbox"/> Waste Basket |
| <input type="checkbox"/> Microwave Cabinet | <input type="checkbox"/> Recycle Center |
| <input type="checkbox"/> Wood Range Hood | <input type="checkbox"/> Bread Box |
| <input type="checkbox"/> Tray Dividers | <input type="checkbox"/> Pull Out Ironing Board |
| <input type="checkbox"/> Roll Out Trays | <input type="checkbox"/> File Drawer(s) |
| <input type="checkbox"/> Glass Doors (Mullions) <input type="radio"/> Yes <input type="radio"/> No | |
| <input type="checkbox"/> Spice Drawer(s) | <input type="checkbox"/> Dishwasher Panel |
| <input type="checkbox"/> Cutlery Divider | <input type="checkbox"/> Refrigerator Panel |
| <input type="checkbox"/> Sliding Towel Bar | <input type="checkbox"/> Telephone Desk |
| <input type="checkbox"/> Full Depth Pantry | <input type="checkbox"/> Pots and Pans Drawers |
| <input type="checkbox"/> Any Others? | |

Notes:

Measuring & Sketching

Sketch your **existing** kitchen. Start by drawing the current floor plan on the grid paper on page 4. Show the location of doors, windows, appliances & sinks. Show what direction the doors swing, and where the light switches, electrical outlets and air vents are located. Mark the location of lights that are part of your cabinets. Take **all** of your measurements in inches; i.e., 62", not 5' - 2". After noting all of the room dimensions on the sketch, measure the overall length of each wall to check that the individual measurements add up to the overall length.

Fill in the dimensions below.

Fridge (h x w x d)
 ___ x ___ x ___

Microwave (h x w x d)
 ___ x ___ x ___

Stove (h x w x d)
 ___ x ___ x ___

Cooktop (w x d)
 ___ x ___

Built-in Oven (h x w)
 ___ x ___

Ceiling Height _____

Dishwasher Yes No

Are there bulkheads above the cabinets now? Yes No

Height to bottom of bulkhead
 From floor



