

PLEASE CHECK ALL THAT APPLY FOR YOUR KITCHEN PROJECT: Primary Home Second Home

New Construction Remodel without Addition Remodel with Addition

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

Do any of the primary users have special needs (wheelchair accessibility, safety?) ___Yes ___No

What do you like about your current kitchen? _____

What do you dislike about your current kitchen? _____

What 3-5 words describe your dream kitchen? _____

What mood/style would you like to create in your ideal kitchen? Contemporary Traditional Mediterranean
 Coastal Old World Country Cottage Oriental Other

What colors are you considering using in your new kitchen? _____

Is the primary cook Left Handed or Right Handed?

Do you like to entertain in your home/kitchen? ___Yes ___No

If yes, what is your entertainment style? ___formal ___informal Large or small groups? ___under 10 ___10+ people

What other activities will take place in your kitchen? ___watching TV ___Homework/Office Work ___Other

SINKS, FAUCETS, & ACCESSORIES: How many bowls? ___Single ___Double ___Triple

Faucets Mounted on Sink Counter top Wall Do you need a faucet high enough to fill large pots? ___Yes ___No

What luxury or special accessory/storage items are you considering to include as you create your ideal kitchen?

___Water Filter ___Garbage Disposal ___Instant Hot ___Cabinet Hardware ___Soap/Lotion Dispenser

___TV Mirror ___Heated Flooring ___Lighting ___Sink Cutting Board ___Cutting Board

___Deck Mounted Soap/Lotion ___Towel Bars ___Towel Rings ___Paper Towel Holder

___Sink Trays ___Other