



# Bathroom Planning Guide

1.	Would you like to remodel your master bath? __ Yes __ No
2.	Would you like to remodel a secondary bath? __ Yes __ No
3.	Do you have special requirements for children? __ Yes __ No
4.	Do you have handicap requirements? __ Yes __ No
5.	Please list all items you would like included in your remodel.
6.	What are your cabinet selections?
7.	What are your countertop selections?
8.	Would you like specialty cabinets included in your bath remodel? __ Yes __ No
	<b>Time and Budget</b>
1.	When would you like to begin your project?
2.	When would you like your project completed?
3.	What is your total budget for your remodel project?
4.	What have you included in your budget?
	Name:
	Address:
	City/ State/ Zip:
	Home Phone:                      Work Phone:                      Cell Phone:                      Fax:                      Email: