

# YORKTOWNE™

## CABINETS



## *Remodeling Checklist*

Before you remodel your kitchen or bathroom, make a checklist of major and minor problems and keep notes of the features you like and dislike the most. This way, when it comes time to sit down with your designer, they'll know exactly how to suit your needs, taste and style. Start by thinking about the details in your kitchen and what you'd like to either keep or change in your remodeled room. Use the checklist below for a remodel and indicate what you would like to change, and make any special notes that will help your designer.

# REMODELING PROJECT

How soon are you planning to remodel?

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Do You have a Contractor/Remodeler?  Yes  No

What is your budgeted investment? \_\_\_\_\_

What is the main reason for making the change(s)?

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Which rooms will need cabinetry?

Kitchen  # \_\_\_\_\_ Bath(s)  Library/Office  Laundry  Entertainment area  Other

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When will the cabinets be needed?

Approximate start date: \_\_\_\_\_

Completion date: \_\_\_\_\_

Are you willing to change the location of doors and/or windows if necessary?

Yes

No

If yes, explain:

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What new appliances are you considering and what appliances will be re-used?

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What small appliances will you need space for?

Coffeemaker  Blender

Toaster  Mixer

Food Processor  Wok

Other \_\_\_\_\_

Has anyone prepared a kitchen design for you?

Yes

No

## KITCHEN

What do you like about your present kitchen?

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What do you dislike about your present kitchen?

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How many family members are in your household?

\_\_\_\_\_ Adults \_\_\_\_\_ Teens

\_\_\_\_\_ Children \_\_\_\_\_ Pets

What is your décor/color preference?

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What is your wood preference?

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Do you have any ideas, or have you collected any pictures or sketches that you would like to incorporate into your kitchen design?

Yes  No

If yes, please provide them.

Do you enjoy:

Cooking  Gourmet cuisine  Baking  Canning

Other, please specify \_\_\_\_\_

Do you entertain frequently?

Yes  No

Features you would like to see in your new kitchen: What secondary activities do you want to take place in the kitchen?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Appliance Garage    | <input type="checkbox"/> Sliding Trays    | <input type="checkbox"/> Lazy Susan         |
| <input type="checkbox"/> Spice Storage       | <input type="checkbox"/> Bookcase         | <input type="checkbox"/> Tilt-out Sink Tray |
| <input type="checkbox"/> Bread Box           | <input type="checkbox"/> Trash Hamper     | <input type="checkbox"/> Mullion Doors      |
| <input type="checkbox"/> Tray Divider        | <input type="checkbox"/> Cutlery Tray     | <input type="checkbox"/> Open Shelving      |
| <input type="checkbox"/> Utility Cabinet     | <input type="checkbox"/> Cutting Board    | <input type="checkbox"/> Pantry             |
| <input type="checkbox"/> Decorative Moldings | <input type="checkbox"/> Recycling Center | <input type="checkbox"/> Wine Storage       |
| <input type="checkbox"/> Desk Area           | <input type="checkbox"/> File Drawers     |   |

Do you prepare at least one meal every day?

Yes  No

How many members are normally served at once?

\_\_\_\_\_

Is there a separate dining room?

Yes  No

Do you own or plan to purchase a table for the kitchen?

Yes. Size \_\_\_\_\_ Shape: square rectangular round oval

No

Are you the primary cook?  Yes  No

Is the primary cook right handed?  Yes  No

How tall are you? \_\_\_\_\_

How tall is the other cook? (if applicable) \_\_\_\_\_

Is there anyone in the household with special needs?

Left handed  Physically challenged  Other, please explain

\_\_\_\_\_

In what areas should the special requirements be incorporated?

\_\_\_\_\_

\_\_\_\_\_

