PASSOW
— REMODELING —

1900 SW Urish Rd.
Topeka, KS 66615

(785) 221-1123 Office
office@passow.biz
www.passowremodeling.com

Kitchen Remodel Checklist

Before our meeting, please review the following checklist. This checklist includes the most common elements of a kitchen remodel. If you think about these elements in advance, our salesman will be able to quote your project within your budget and give you a realistic timeframe for your project. Please fill out as much information as you can.

1. *Kitchen Specs*
    - Budget for project: _____
    - Goal of remodel (ie. Update, add space, both): _____
    - Current square footage: _____
    - Desired square footage: _____
2. *Floor Plan/Design*
    - Will your project require a designer, engineer or architect? YES   NO
        o Name: _____
    - Will your project need plans?   YES   NO
    - Do you need any walls moved?   YES   NO
    - Have you applied for the necessary permits? YES   NO
3. *Electrical*
    - Do you need a service upgrade? YES   NO
    - Do you need a sub panel? YES   NO
    - Phone, cable, or cad wire? (circle one if yes)   YES   NO
        a. *Outlets?*
            o How many: _____   Color: _____   Type: _____
        b. *Switches*?
            o How many: _____   Color: _____
            o Dimmers? YES   NO
            o Any three-way? YES   NO
        c. *Lighting*
            - Recess lighting?   YES   NO
            - Light fixtures?   YES   NO
                o Make, Model_____   Units: _____
                o Finish: _____   Bulbs: _____
            - Under cabinet lighting?   YES   NO
                o Make/Model_____   Units: _____

o   Finish: _____ Bulbs: _____

   d. *Ceiling Fan_____*

4. *Plumbing*
   - Will the plumbing need to be upgraded or relocated?   YES   NO
     a. *Sink Faucet:* Classic_____Leland_____Linden_____Cassidy_____Other_____
     b. *Fixtures:* Chrome_____Brushed Nickel/Stainless Steel_____Oil Rub Bronze_____ Other_____
     c. *Sink_____ Garbage Disposal_____ Hot water dispenser_____ R/O System_____*

5. *Walls*
   - What type of wall texture? _____
     a. *Paint:*
       o   Brand: _____ Color: _____ Finish: _____
       o   Finish: eggshell_____ Satin_____ Semi-gloss _____ Gloss_____ Flat_____
         i. Backsplash – Paint_____
             1. Brand_____ Color_____
             2. Finish: Eggshell_____ Satin_____ Semi-gloss_____ Gloss_____ Flat_____

6. *Ceiling*
     a. *Texture:* Smooth_____ Popcorn_____ Orange Peel_____ Knockdown_____

7. *Windows*
   - New windows? YES   NO
     o   Total # of windows: _____ Size(s): _____
     o   Make, model: _____
   - Moldings? YES   NO
     o   Type: _____ Profile: _____

8. *Doors*
   - New doors: YES   NO
     o   Total # of doors: _____ Size(s): _____
     o   Make, model: _____
   - Moldings? YES   NO
     o   Type_____ Profile_____

9. *Cabinetry, Countertops & Appliances*
     a. *Cabinets:* YES   NO
     b. *Appliances:* Microwave_____ Range_____ Refrigerator_____ Dishwasher_____ Range Hood_____
         i. Install Appliances YES   NO
     c. *Granite Countertops* YES   NO

10. *Tile*
   - Do you want to use tile? YES   NO
   - Where?   Backsplash _____ Floor_____
     o   Name of Tile: _____ Tile Color: _____
     o   Pattern: stack_____ running_____ bond_____ diamond_____ Other_____
     o   Grout color: _____ Tile Size: _____