

Cabinetry Design Solutions
Design Questionnaire

Room: Laundry Room

GENERAL PROJECT INFORMATION

Is your project new construction or a remodel? New Construction Remodel

Do you have a contractor for your project? Yes No

If yes, who is your contractor? _____

What rooms does the project include?

- | | |
|---|---|
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Powder Room |
| <input type="checkbox"/> Master Bath | <input type="checkbox"/> Family Room |
| <input type="checkbox"/> Other Baths (list #) | <input type="checkbox"/> Utility/Laundry Room |
| <input type="checkbox"/> Summer Kitchen | <input type="checkbox"/> Home Office |
| <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> Other | _____ |

If the design can be greatly improved would you be willing to make changes to the structure?

- Absolutely Not I would consider it

How many people in the family (please note how many in each age category)

- | | | |
|------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Infants | <input type="checkbox"/> Young children | <input type="checkbox"/> Teens |
| <input type="checkbox"/> 20-30 yrs | <input type="checkbox"/> 31-40 yrs | <input type="checkbox"/> 41-50 yrs |
| <input type="checkbox"/> 51-60 yrs | <input type="checkbox"/> 61-70 yrs | <input type="checkbox"/> 70+ yrs |

Are there pets in the house?(please note how many in each category)

- Dogs Breed(s) _____
- Cats _____
- Other _____

How long do you plan on living in the home you are building/remodeling?

- 1-5 yrs 6-10 yrs 11-20 yrs 20+ yrs

Do any family members have physical limitations? Yes No

If yes, please list: _____

DESIGN & STYLE

What style would you use to describe your tastes? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Sleek/Contemporary | <input type="checkbox"/> Country |
| <input type="checkbox"/> Traditional | <input type="checkbox"/> French Country |
| <input type="checkbox"/> Transitional | <input type="checkbox"/> Mission |
| <input type="checkbox"/> Shaker | <input type="checkbox"/> Mediterranean |
| <input type="checkbox"/> Other | _____ |

What colors do you like? _____

What colors do you dislike? _____

Do you have notes, photos, and ideas of styles and details you would like to incorporate in your project? Yes No

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TIME & BUDGET

When would you like to begin your project? _____

When would you like your project completed? _____

What is the budget for your project? _____

If this is a remodel, it should include demolition, electrical, plumbing, HVAC, drywall, painting, flooring, cabinetry, appliances, countertop, and backsplash.

For new construction, this is the cabinetry allowance from your builder.

LAUNDRY ROOM

What are do you like about your current Laundry Room? _____

What do you dislike about your current Laundry Room? _____

What do you hope to accomplish with your new Laundry Room? _____

What type washer & dryer do you want? Stackable Side by Side Under Counter

Do you want a front load washer? Yes No

Do you want a laundry sink? Yes No

What storage do you require?

Broom Closet Hanging Wet Hanging

Other _____

Do you want any specialty items

Folding table

Fold down ironing board

Other _____

What type of finish do you prefer for the cabinetry?

Stained Wood with Glaze Type of Wood _____

Painted Wood with Glaze

Laminate

Laquer High Gloss Matte

Other _____

What type of countertop do you prefer?

Granite Solid Surface

Wood Laminate

Other _____