

Cabinetry Design Solutions

Room: Summer Kitchen

Design Questionnaire

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.

SUMMER KITCHES

Do you have a summer kitchen currently? Yes ___ No ___ If yes, what do you like about it? _____

What do you dislike about your current Summer Kitchen? _____

What do you hope to accomplish with your new Summer Kitchen? _____

Number of seats required in the Kitchen? _____

Do you prefer bar seating or a table in the kitchen? ___ Bar ___ Table ___ Neither ___ Don't Care

What appliances do you plan to include in the Kitchen?

<input type="checkbox"/> Refrigerator	Size	_____	Style	_____
<input type="checkbox"/> Freezer	Size	_____	Style	_____
<input type="checkbox"/> Wine Cooler	Size	_____		
<input type="checkbox"/> Grill	Size	_____	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric
<input type="checkbox"/> Burner	Size	_____	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric
<input type="checkbox"/> Oven	Size	_____	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric
<input type="checkbox"/> Ice Maker			<input type="checkbox"/> Warming Drawer	
<input type="checkbox"/> Ventilation Hood			<input type="checkbox"/> Beverage Center	

What accessories do you require?

<input type="checkbox"/> Trash	<input type="checkbox"/> Tilt out Sink Front
<input type="checkbox"/> Paper Towel Holder	<input type="checkbox"/> Lazy Susan
<input type="checkbox"/> Beverage Storage	<input type="checkbox"/> Utensil Drawer
<input type="checkbox"/> Other	_____
<input type="checkbox"/> Other	_____

What type of finish do you prefer for the cabinetry?

Teak
 Cypress
 Stainless Steel
 Polymer

What type of countertop do you prefer?

Granite Solid Surface
 Stainless Steel
 Other _____