

# REMODELING CHECKLIST

## ASSESS YOUR NEEDS

### REMODELING PROJECT

How soon are you planning to remodel?

Do you have a contractor/remodeler?

- Yes
- No

What is your budgeted investment?

What is the reason for making the change?

Which rooms will need cabinetry?

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

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, please explain

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

What small appliances will you need space for?

- Coffeemaker
- Toaster
- Food Processor
- Other
- Blender
- Mixer
- Wok

Has anyone prepared a kitchen design for you?

- Yes
- No



## KITCHEN

What do you like about your present kitchen?

What do you dislike about your present kitchen?

How many family members are in your household?

\_\_\_ Adults \_\_\_ Teens \_\_\_ Children \_\_\_ Pets

What is your decor/color preference?

What is your wood preference?

**CABINET-S-TOP**  
*simplifying Remodeling*

1977 Medina Road, Medina OH 44256  
330-239-3630 | www.cabinet-s-top.com

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

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

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
- No

Size \_\_\_ ft. \_\_\_ in.

Shape

- Square
- Round
- Oval
- Rectangular

Are you the primary cook?

- Yes
- No

Is the primary cook right handed?

- Yes
- No

How tall are you? \_\_\_ ft. \_\_\_ in.

How tall is the other cook? \_\_\_ ft. \_\_\_ in.

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?

How often do you grocery shop?

- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> Every other week | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Twice a week     | <input type="checkbox"/> Daily  |
| <input type="checkbox"/> Other            |                                 |

Do you purchase any products in bulk (quantity)?

- Yes
- No

Where do you presently store your packaged foods and canned goods?

Where do you presently store tall cleaning and ironing equipment?

Do you recycle?

- Yes
- No

Location of recycling bins:

What recycle bins are needed?

- Glass
- Plastic
- Newspaper
- Magazines

