



Design Survey Form

Date: _____

Name: _____

Address: _____

City, State, zip: _____

Email addresses: _____

Phone numbers: _____

Budget: _____ Timeframe: _____

Preferred method of contact:

_____ Phone or text at preferred number: _____

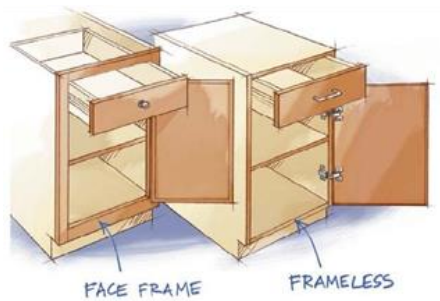
_____ Email at: _____

What style is your home?

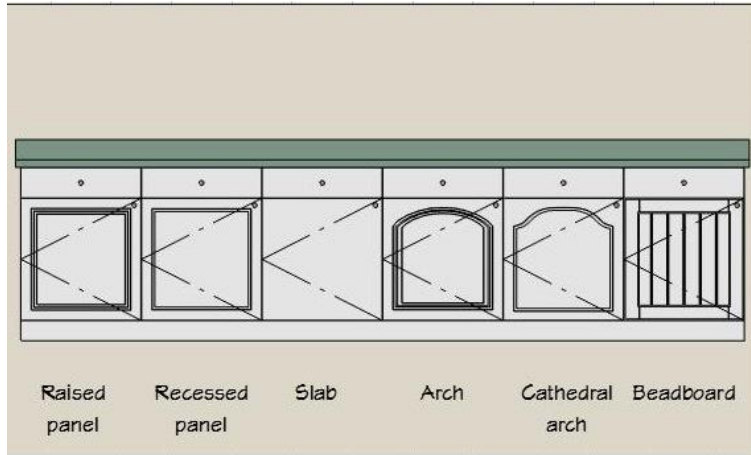
_____ Traditional _____ Transitional _____ Contemporary/Modern

_____ Eclectic _____ Country _____ Other

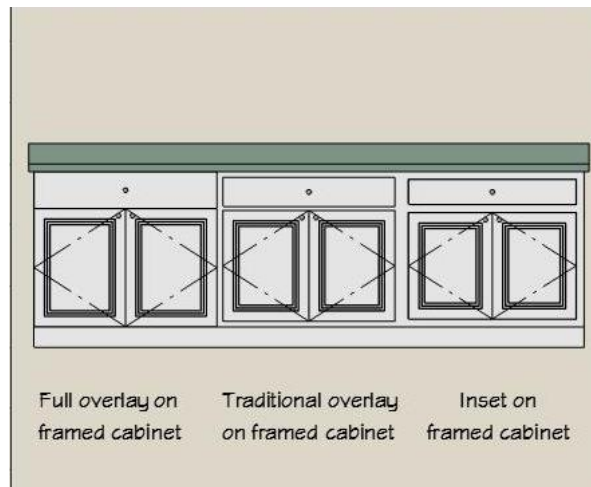
Cabinet Construction: _____ Face Frame/Framed _____ Full Access/Frameless



What is your preferred door and overlay style for cabinets?



Raised panel
 Recessed
 Slab
 Arch
 Cathedral
 Glass front
 Bead board
 Other



Door Overlay: Full overlay
 Traditional overlay
 Inset

What type of finish/materials do you prefer for your cabinets?

Oak
 Maple
 Cherry
 Hickory
 Painted - color: _____
 Laminate
 Metal
 Match existing
 Other

Do you prefer a glazed finish over a wood stain?

Glaze over stain
 Wood stain only

What is your preferred countertop material?

_____ Granite _____ Travertine _____ Marble _____ Corian
_____ Quartz _____ Glass _____ Other

Please check the items you want to replace or add:

- | | |
|--|--|
| <input type="checkbox"/> Cabinets | <input type="checkbox"/> Countertops |
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Backsplash |
| <input type="checkbox"/> Cabinet Accessories | <input type="checkbox"/> Flooring |
| <input type="checkbox"/> Lighting: <input type="checkbox"/> Recessed <input type="checkbox"/> Task <input type="checkbox"/> Pendants <input type="checkbox"/> Undercabinet <input type="checkbox"/> Chandelier | |
| <input type="checkbox"/> Sinks #: _____ | <input type="checkbox"/> Faucets #: _____ |
| <input type="checkbox"/> Vanities #: _____ | <input type="checkbox"/> Drawer/door pulls #: _____ |
| <input type="checkbox"/> Mirrors #: _____ | <input type="checkbox"/> Medicine cabinet #: _____ |
| <input type="checkbox"/> Vanity light fixtures #: _____ | <input type="checkbox"/> Ceiling light fixtures #: _____ |
| <input type="checkbox"/> Shower walls and floor | <input type="checkbox"/> Shower glass and door |
| <input type="checkbox"/> Shower valve and trim | <input type="checkbox"/> Bathtub surround |
| <input type="checkbox"/> Bathtub | <input type="checkbox"/> Bathtub faucet |
| <input type="checkbox"/> Toilet | <input type="checkbox"/> Bidet |
| <input type="checkbox"/> Towel bar #: _____ | <input type="checkbox"/> Toilet paper holder |
| <input type="checkbox"/> Towel ring #: _____ | <input type="checkbox"/> Outlet & switch plates #: _____ |
| <input type="checkbox"/> Other: _____ | |

Preferred color palette: _____

Notes: _____
