



New Project Design Survey

Our Design Process

Discuss Ideas

In-home Consult

Design Presentation

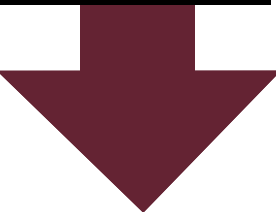
Design Deposit

Finalize Design & Materials

Contract/Sign-Off

Build/Install

Final Walk-through



Contact Information

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email: _____

Background / Project Information

What type of project are you planning? _____
 How long have you been planning this project? _____
 How long have you been in the home? How long do you plan to stay in the home?

 Have you done remodeling in the past? If so, what type of projects? _____

 Do you have a budget in mind? _____

Scope of Project

Cabinets _____ Countertops _____ Backsplash _____ Appliances _____
 Lighting _____ Plumbing _____ Flooring _____ Windows/Doors _____
 Wall Relocation _____ Other _____

Function & Design for a Kitchen

Family Gathering _____ Gourmet Cooking _____ Baking _____ Dining _____
 Message Center _____ Craft/Hobbies _____ Kids/Homework _____
 Describe your design style _____

Function & Design for Bathroom

Shower/Tub combo _____ Shower _____ Bathtub _____ Toilet _____ Bidet _____
 1 Sink _____ 2 Sinks _____ Make-up Vanity _____ Linen Storage _____
 Describe your design style _____

Additional Comments: _____

