

Please fill out and email to: info@cnyhomeimprovements.com

Kitchen & Bathroom
Remodel
Questionnaire



Customer Info: _____ **Date:** _____

First Name: _____ **Last Name:** _____

Address: _____

Phone: _____ **Budget:** _____

Have you received any estimates? _____

How did you hear about us? _____

About Your Space:

When was your house built? _____

Load bearing walls being removed? Yes _____ No _____

Are you looking to change the footprint of the existing layout? Yes _____ No _____

Describe the footprint of the existing layout:

Any part of the project you want to do yourself to save money? _____

What is your existing flooring? _____ Will you be changing it? Yes _____ No _____

What type of flooring do you prefer? _____

Anything on the walls? _____

Where is your electrical panel box? _____

Is the basement ceiling open or a drop ceiling for undisturbed access? _____

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Do you want to change the style or footprint of lighting? Yes____ No____

For Kitchens:

Do you have soffits you want removed? Yes____ No____

Do you have a color preference for cabinets? _____
countertops? _____

For Bathrooms:

Is it a Master bath with a tub and separate shower area? Yes____ No____

Are you keeping the tub? Yes____ No____

What type of tub or shower walls do you prefer? _____

Would you like floor tile or a standard shower pan? Tile____ Pan____

Do you have a GFCI outlet by the sink? Yes____ No____

Do you have an existing vent fan? Yes____ No____

Is the fan vented outside the home? Yes____ No____

What do you have? Recessed Medicine Cabinet _____

Flush Mount Medicine Cabinet _____

Mirror _____

What cabinets do you have? Single Vanity _____

Double vanity _____

Linen Cabinet _____

Makeup Desk Area _____

Notes:

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