

Yorktowne[®]
CABINETS



Crafting
SATISFACTION

KITCHEN & BATH
PROJECT PLANNING GUIDE

Introduction.



Getting the new kitchen or bath you've always wanted can be a very exciting and rewarding project that adds value and enjoyment to your home. Designing the room of your dreams will take some up-front thought and planning, attention to detail, a little patience, and as much creativity as you have.



This easy-to-use Project Planning Guide has been prepared to help you organize your ideas, preferences, and requirements. Please read each section carefully and answer the questions that apply. This will help you think about the many possibilities and considerations, and will be of invaluable help to your professional kitchen/bath designer in giving you the room you want.



There is a lot that can be done with space, and the more you can tell your kitchen/bath designer about your likes and dislikes and the way you live, the better your new kitchen or bath will be. With a little help, you can create a room that is truly an expression of you!

Getting Started.

Your kitchen/bath designer has a wealth of knowledge on how to give you the most for your money. If you are planning a complete room, it could include all categories listed below. Please indicate what you would like to change, and make any special notes to help your designer. They will add their own notes as they get to know you better.



IS THIS PLAN FOR:

A NEW HOME

If this plan is for a new home:

Who is:

- Your contractor
Name _____
Phone # _____
- Your architect
Name _____
Phone # _____

Where you given a contractual builder's allowance?

- Yes. Amount? _____
- No

What is your budgeted investment? _____

How do you plan to finance your new kitchen or bath?

- Credit Card Bank Financing
- Other _____

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, explain: _____

What appliances are you considering?

(indicate on appliance check list page)

What small appliances will you need space for?

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

Has anyone prepared a kitchen design for you?

- Yes. What company? _____
- No

A REMODELING PROJECT

If this plan is for a remodeling project:

How soon are you planning to remodel?

Who is doing the remodeling?

- Contractor/remodeler
Name _____
Phone # _____
- Other _____

What is your budgeted investment? _____

How do you plan to finance your new kitchen or bath?

- Credit Card Bank Financing
- Other _____

What is the main reason for making the change(s)?

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, explain: _____

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

(indicate on appliance check list page)

What small appliances will you need space for?

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

Has anyone prepared a kitchen design for you?

- Yes. What company? _____
- No



Lifestyle.

As different as each of our lifestyles, so too should your rooms reflect and accommodate your individual needs. Sharing your preferences and living patterns with your kitchen/bath designer ensures your overall satisfaction with the end result.

KITCHEN

How many family members are in your household?

_____Adults _____Teens _____Children
_____Pets

Do you prepare at least one meal every day?

Yes No

How many members are normally served at once?

Is this serving Informal Formal

Is there a separate dining room? Yes No

Do you own or plan to purchase a table for the kitchen?

Yes. Size _____
Shape: square rectangular round oval
 No

Are you the primary cook? Yes No

Is the primary cook right handed? Yes No

Shared responsibilities Yes No

How tall are you? _____

How tall is the other cook? (if applicable) _____

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?

Every other week Weekly Twice a week
 Daily Other, please specify _____

Do you purchase any products in bulk (quantity)?

Yes No If yes, types of products _____

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: In house Garage

What recycle bins are needed?

Glass Plastic Newspaper Magazines

BATH

How many people use this bath? _____

They are: _____Adults _____Teens _____Children _____Infants

Is your bathroom a comfortable size for all users?

Yes No

Is your sink at a comfortable height for all users?

Yes No

Is there adequate ventilation in the room?

Yes No

Is there adequate lighting in the room?

Yes No

Is there a convenient spot for soaps and shampoos in the shower/tub area?

Yes No

Would you like this storage?

Yes No

Preferences.

You want to include every detail that will impact your finished kitchen or bath. Be sure to express your likes/dislikes, wishes, and expectations so your designer can create your ideal room that will bring you years of service and satisfaction.



KITCHEN

What do you like about your present kitchen?

What do you dislike about your present kitchen?

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 If yes, please provide them.

Do you enjoy: Cooking Gourmet cuisine
 Baking Canning
 Other, please specify _____

Do you entertain frequently? Yes No
 Formally Informally

Features you would like to see in your new kitchen:

- | | | |
|--|---|---|
| <input type="checkbox"/> Appliance Garage | <input type="checkbox"/> Ironing Board Base | <input type="checkbox"/> Sliding Trays |
| <input type="checkbox"/> Appliance Panels | <input type="checkbox"/> Lazy Susan | <input type="checkbox"/> Spice Storage |
| <input type="checkbox"/> Bookcase | <input type="checkbox"/> Low Mixing Center | <input type="checkbox"/> Tilt-out Sink Tray |
| <input type="checkbox"/> Bread Box | <input type="checkbox"/> Microwave Shelf | <input type="checkbox"/> Trash Hamper |
| <input type="checkbox"/> China Cabinet | <input type="checkbox"/> Mullion Doors | <input type="checkbox"/> Tray Dividers |
| <input type="checkbox"/> Cutlery Tray | <input type="checkbox"/> Open Shelving | <input type="checkbox"/> Utility Cabinet |
| <input type="checkbox"/> Cutting Board | <input type="checkbox"/> Pantry | <input type="checkbox"/> Vegetable Storage |
| <input type="checkbox"/> Decorative Moldings | <input type="checkbox"/> Recycling Center | <input type="checkbox"/> Wine Storage |
| <input type="checkbox"/> Desk Area | <input type="checkbox"/> File Drawers | <input type="checkbox"/> Computer Area |

What secondary activities do you want to take place in the kitchen?

- Meals Laundry
 Sewing Planning Desk / Computer Area
 Hobby Entertainment Center
 Other, please specify _____

What is your color preference?

What is your wood preference?

What is your partner's color preference?

What is your partner's wood preference?

BATH

What is the main reason for making changes?

What do you like about your present bathroom?

What do you dislike about your present bathroom?

Features you would like to see in your new bath:

- Tall Linen Cabinet
 Medicine Cabinet (with mirror)
 Hamper
 Vanity Light Bar
 Wall Cabinet
 Tall Height Base Cabinets (33 1/2")

Do you have any ideas, or have you collected any pictures or sketches that you would like to incorporate into your bath design?

Yes No If yes, please provide them.

WHAT DO YOU PLAN TO CHANGE?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Cabinets: Door Shape: <input type="checkbox"/> Square <input type="checkbox"/> Cathedral <input type="checkbox"/> Arch <input type="checkbox"/> Shaker/Arts & Crafts Door Material: <input type="checkbox"/> Wood <input type="checkbox"/> Thermo Foil <input type="checkbox"/> Full Overlay <input type="checkbox"/> Standard Overlay Finish: _____ Installation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Countertops: Laminate: <input type="checkbox"/> Square Edge <input type="checkbox"/> Bevel Edge <input type="checkbox"/> Tile <input type="checkbox"/> Wood Solid Surface: <input type="checkbox"/> Corian <input type="checkbox"/> Marble <input type="checkbox"/> Granite <input type="checkbox"/> Other _____ Backsplash: <input type="checkbox"/> 4 Inch <input type="checkbox"/> Full Splash <input type="checkbox"/> Wood <input type="checkbox"/> Tile Color/Pattern: _____ Installation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Soffit/Facia: <input type="checkbox"/> Plate Rail <input type="checkbox"/> Open <input type="checkbox"/> Paint <input type="checkbox"/> Extended <input type="checkbox"/> Wood <input type="checkbox"/> Wallpaper <input type="checkbox"/> Flush Installation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Electrical: <input type="checkbox"/> Wattage/Amps _____ <input type="checkbox"/> Number of outlets _____ <input type="checkbox"/> Standard <input type="checkbox"/> GFI Installation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	New Lighting: <input type="checkbox"/> Ceiling <input type="checkbox"/> Sink <input type="checkbox"/> Soffit <input type="checkbox"/> Over Table <input type="checkbox"/> Recessed <input type="checkbox"/> Under Cabinet <input type="checkbox"/> In Cabinet Installation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Plumbing: <input type="checkbox"/> PVC or <input type="checkbox"/> Copper Pipes <input type="checkbox"/> Wall or <input type="checkbox"/> Floor Placement Installation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Floor Covering: <input type="checkbox"/> Resilient <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Wood <input type="checkbox"/> Laminate/Pergo <input type="checkbox"/> Other _____ Installation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wall Covering: Installation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Painting: Application Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Ceiling: Installation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Window Treatment: Installation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Phone/Intercom: Installation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Computer: Installation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____ Installation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No

CONSTRUCTION AND EXISTING CONDITIONS

Help us with pertinent structural information that we may just need to know!

Style of Home Rancher High Rancher Two Story Split Level Other _____

Construction Brick Frame Other _____

Exterior Brick Wood Siding Stucco Other _____

Windows Alum. Slider Double Hung Casement Other _____

Interior Drywall Plaster Block Brick Other _____

Access Basement Crawl Space Attic

Ceiling Height From floor _____

Bulk Head/Soffit Height from Ceiling _____ Depth _____

Floor Cement Slab Wood Remove existing: Yes No Describe _____

Plumbing Sink Vent location (Indicate on plan) _____ Drain height from floor _____ Drain size _____
Location of Supply: Wall Floor

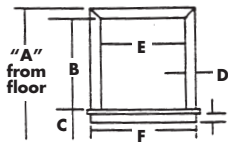
Utility Service Gas Electric Size of existing service _____ New required? _____
Existing unused circuits in box _____ (Locate existing electrical on plan)

Heating Type: _____ (Locate existing registers on plan)

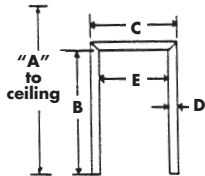
Venting Ceiling Fan Hood Roof Vent Other _____ Type of roof material _____

Miscellaneous Can your garage be used for storage? Yes No Salvage and leave old cabinets? Yes No

Windows

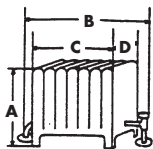


	A	B	C	D	E	F	G
1							
2							
3							
4							



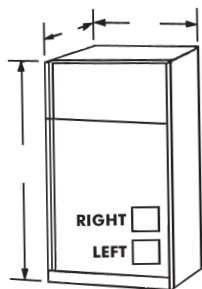
Doors

	A	B	C	D	E
1					
2					
3					
4					



Radiators (if applicable)

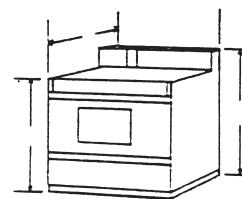
	A	B	C	D
1				
2				
3				
4				



Refrigerator

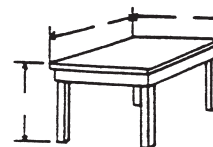
Fill in measurements.

- Single Door
 Double Door



Range

Fill in measurements.



Dining Table

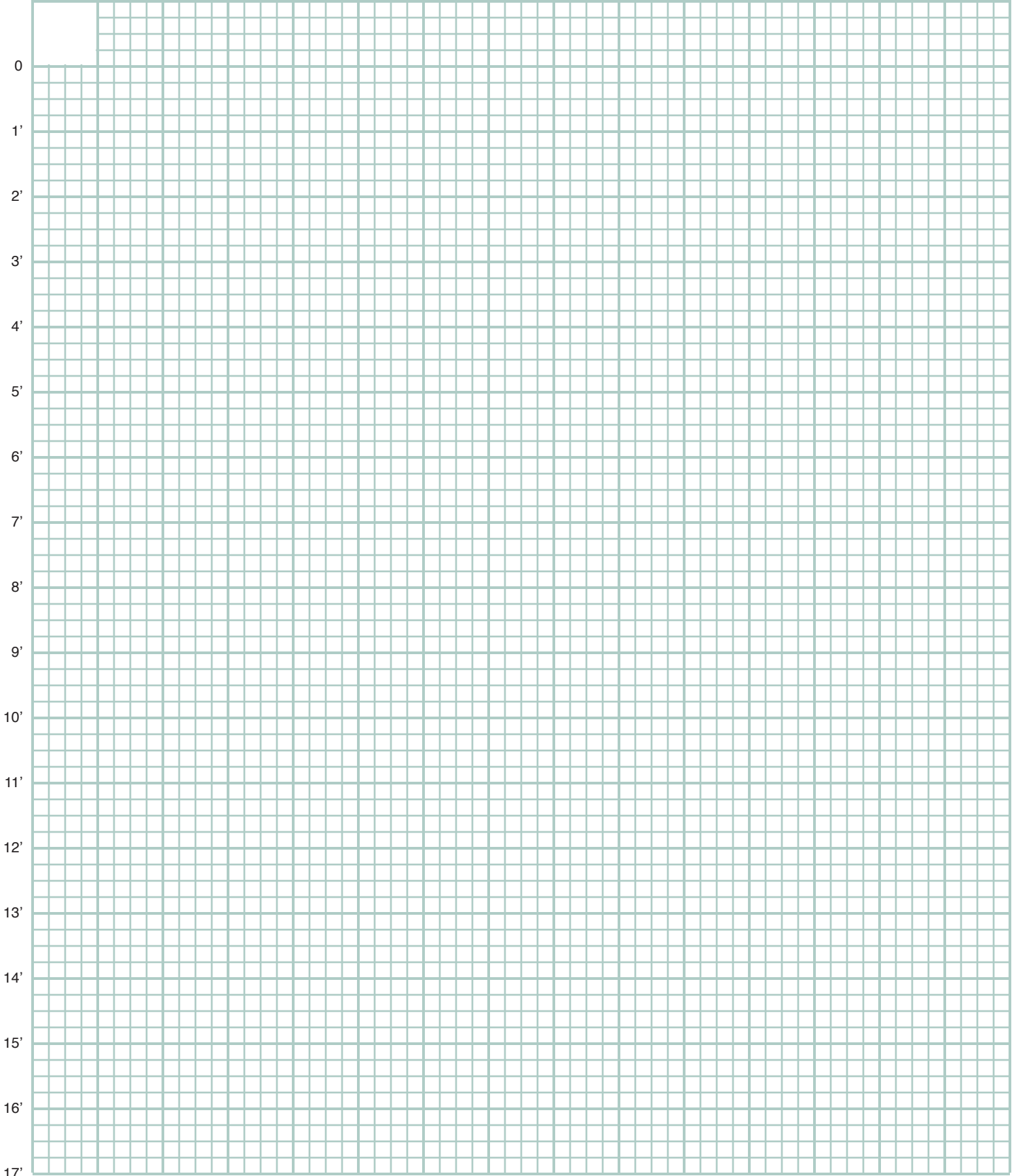
Fill in measurements.

- Existing
 New
 Round
Diam. _____

WHAT APPLIANCES OR FIXTURES ARE TO BE INCLUDED?

		Kitchen:	
<input type="checkbox"/> New <input type="checkbox"/> Old	Range	Brand/Model _____	Size _____ Color _____
	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Free Standing <input type="checkbox"/> Drop-in <input type="checkbox"/> Slide-in <input type="checkbox"/> Bi-level Double Oven		
	<input type="checkbox"/> Dual Fuel <input type="checkbox"/> Self Clean <input type="checkbox"/> Convection <input type="checkbox"/> Induction <input type="checkbox"/> Glass Top <input type="checkbox"/> Grill		
	<input type="checkbox"/> Warming Drawer or Under Oven		
<input type="checkbox"/> New <input type="checkbox"/> Old	Cooktop	Brand/Model _____	Size _____ Color _____
	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Glasstop <input type="checkbox"/> Regular <input type="checkbox"/> Convection <input type="checkbox"/> Induction <input type="checkbox"/> Grill		
	<input type="checkbox"/> Dual Fuel		
<input type="checkbox"/> New <input type="checkbox"/> Old	Oven	Brand/Model _____	Size _____ Color _____
	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Self Clean <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> w/Microwave		
<input type="checkbox"/> New <input type="checkbox"/> Old	Ventilation	Brand/Model _____	Size _____ Color _____
	<input type="checkbox"/> Standard <input type="checkbox"/> Vented <input type="checkbox"/> Ductless <input type="checkbox"/> Downdraft <input type="checkbox"/> Remote Blower <input type="checkbox"/> Decorative Wood		
	<input type="checkbox"/> Decorative Metal <input type="checkbox"/> New Ductwork needed, size: _____		
<input type="checkbox"/> New <input type="checkbox"/> Old	Refrigerator	Brand/Model _____	Size _____ Color _____
	<input type="checkbox"/> Side-by-Side <input type="checkbox"/> Top Freezer <input type="checkbox"/> Bottom Freezer <input type="checkbox"/> Right Hinge <input type="checkbox"/> Left Hinge <input type="checkbox"/> Ice Maker		
	<input type="checkbox"/> Wood Front <input type="checkbox"/> Trim Kit		
<input type="checkbox"/> New <input type="checkbox"/> Old	Dishwasher	Brand/Model _____	Size _____ Color _____
	<input type="checkbox"/> Wood Front <input type="checkbox"/> Trim Kit <input type="checkbox"/> Full Door <input type="checkbox"/> Conversion Kit _____		
	<input type="checkbox"/> Existing Plumbing		
<input type="checkbox"/> New <input type="checkbox"/> Old	Garbage Disposal	Brand/Model _____	Size _____
	<input type="checkbox"/> Batch Feed <input type="checkbox"/> Continuous Feed		
<input type="checkbox"/> New <input type="checkbox"/> Old	Compactor	Brand/Model _____	Size _____ Color _____
	<input type="checkbox"/> Wood Front <input type="checkbox"/> Trim Kit <input type="checkbox"/> Glass Front		
<input type="checkbox"/> New <input type="checkbox"/> Old	Sink	Brand/Model _____	Size _____ Color _____
	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Hi/Low <input type="checkbox"/> Drop-in <input type="checkbox"/> Bar/Veg/Utility		
	<input type="checkbox"/> Undermount <input type="checkbox"/> Integral Bowl <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Enamel Steel <input type="checkbox"/> Cast Iron <input type="checkbox"/> Solid Surface		
	<input type="checkbox"/> Porcelain <input type="checkbox"/> Other _____		
<input type="checkbox"/> New <input type="checkbox"/> Old	Faucet	Brand/Model _____	Size _____ Color _____
	<input type="checkbox"/> Single Lever <input type="checkbox"/> 2 Handle <input type="checkbox"/> With Spray <input type="checkbox"/> Dispenser <input type="checkbox"/> Instant Hot <input type="checkbox"/> Filtration <input type="checkbox"/> 4" Center		
	<input type="checkbox"/> 8" Center <input type="checkbox"/> Other _____		
<input type="checkbox"/> New <input type="checkbox"/> Old	Microwave	Brand/Model _____	Size _____ Color _____
	<input type="checkbox"/> Free Standing <input type="checkbox"/> Built-In <input type="checkbox"/> Trim Kit <input type="checkbox"/> Basic <input type="checkbox"/> Space Maker <input type="checkbox"/> with Features		
<input type="checkbox"/> New <input type="checkbox"/> Old	Small Appliances	<input type="checkbox"/> Built-in Toaster <input type="checkbox"/> Built-in Can Opener <input type="checkbox"/> Built-in Mix Center	
	<input type="checkbox"/> Other _____		
	Bath:		
<input type="checkbox"/> New <input type="checkbox"/> Old	Sink	Brand/Model _____	Size _____ Color _____
	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Pedestal <input type="checkbox"/> Integral Bowl <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Cast Iron <input type="checkbox"/> Enamel Steel		
	<input type="checkbox"/> Glass <input type="checkbox"/> Solid Surface <input type="checkbox"/> Porcelain <input type="checkbox"/> Other _____		
<input type="checkbox"/> New <input type="checkbox"/> Old	Faucet	Brand/Model _____	Size _____ Color _____
	<input type="checkbox"/> Single Lever <input type="checkbox"/> 2 Handle <input type="checkbox"/> With Spray <input type="checkbox"/> Dispenser <input type="checkbox"/> 4" Center <input type="checkbox"/> 8" Center <input type="checkbox"/> Other _____		
<input type="checkbox"/> New <input type="checkbox"/> Old	Tub/Shower	Brand/Model _____	Size _____ Color _____
	<input type="checkbox"/> Tub alone <input type="checkbox"/> Tub w/shower <input type="checkbox"/> Single Shower <input type="checkbox"/> Double Shower <input type="checkbox"/> Whirlpool <input type="checkbox"/> Soaking/Garden		
	Tub size _____ Tub shape _____ <input type="checkbox"/> Other _____		
<input type="checkbox"/> New <input type="checkbox"/> Old	Tub/Shower Surround	Brand/Model _____	Size _____ Color _____
	<input type="checkbox"/> 1-piece Unit <input type="checkbox"/> 3-piece Unit <input type="checkbox"/> 5-piece Unit <input type="checkbox"/> Acrylic <input type="checkbox"/> Fiberglass <input type="checkbox"/> Tile <input type="checkbox"/> Solid Surface		
	<input type="checkbox"/> Other _____		
<input type="checkbox"/> New <input type="checkbox"/> Old	Shower Head	Brand/Model _____	Size _____ Color _____
<input type="checkbox"/> New <input type="checkbox"/> Old	Tub/Shower Door	Brand/Model _____	Size _____ Color _____
<input type="checkbox"/> New <input type="checkbox"/> Old	Toilet	Brand/Model _____	Size _____ Color _____
<input type="checkbox"/> New <input type="checkbox"/> Old	Bidet	Brand/Model _____	Size _____ Color _____

0 1' 2' 3' 4' 5' 6' 7' 8' 9' 10' 11' 12' 13' 14'



Yorktowne[®]

CABINETS

YORKTOWNE, INC., AN ELKAY COMPANY
P.O. BOX 231, RED LION, PA 17356-0231
(717) 244-4011

www.yorktowneinc.com

On this grid, you can make a sketch of your existing room. This will help your designer to quickly understand your room. Be sure to measure as accurately as possible. Mark the locations of windows, doors and heating, as well as plumbing, electrical and telephone lines.

COPYRIGHT YORKTOWNE, INC. 2003
PRINTED ON RECYCLED PAPER IN U.S.A.
FORM #SA373 (8/03)