PASSOW
— REMODELING —

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Basement Remodel Checklist

Before our meeting, please review the following checklist. This checklist includes the most common elements of a basement remodel. If you think about these elements in advance, our salesman will be able to quote your project within your budget and give you a realistic timeframe for your project. Please fill out as much information as you can.

1. *Basement Specs*
   - Budget for project: _____
2. *Floor Plan/Design*
   - Will your project require a designer, engineer or architect? YES   NO
     o Name: _____
   - Will your project need plans?   YES   NO
   - Do you need any walls moved?   YES   NO
   - Have you applied for the necessary permits? YES   NO
3. *Electrical*
   - Do you need a service upgrade? YES   NO
   - Do you need a sub panel? YES   NO
   - Phone, cable, or cad wire? (circle one if yes)   YES   NO
     a. *Outlets?*
        o How many: _____   Color: _____   Type: _____
     b. *Switches*?
        o How many: _____   Color: _____
        o Dimmers? YES   NO
        o Any three-way? YES   NO
     c. *Lighting*
        - Recess lighting?   YES   NO   Overhead Fixture YES   NO Type?_____
        - Light fixtures?   YES   NO
          o Make, Model_____ Units: _____
          o Finish: _____ Bulbs: _____
4. *Plumbing*
   - Will the plumbing need to be upgraded or relocated? YES   NO
     a. *Sink Faucet:* Classic_____Leland_____Linden_____Cassidy_____Other_____
     b. *Fixtures:* Chrome_____Brushed Nickel/Stainless Steel_____Oil Rub Bronze_____ Other_____
     c. *Sink_____ Save_____New_____ Pedestal_____ Other_____ Size: _____x_____
5. *Walls*
   a. *Wallpaper Removal?* YES   NO

- What type of wall texture? _____
  b. *Paint:*
     o Brand: _____ Color: _____ Finish: _____
     o Finish: eggshell_____ Satin_____ Semi-gloss _____ Gloss_____ Flat_____

6. *Trim*
   a. Reuse_____New_____ Paint_____ Stain_____
      i. Color_____
7. *Ceiling*
   a. *Texture:* Smooth_____ Popcorn_____ Orange Peel_____ Knockdown_____
8. *Windows*
   - New windows? YES   NO
     o Total # of windows: _____ Size(s): _____
     o Make, model: _____
   - Moldings?   YES   NO
     o Type: _____ Profile: _____
9. *Doors*
   - New doors: YES   NO
     o Total # of doors: _____ Size(s): _____
     o Make, model: _____
   - Moldings?   YES   NO
     o Type_____ Profile_____
10. *Cabinetry, Countertops & Appliances*
    a. *Cabinets:* Reuse_____ New_____
11. *Tile*
    - Do you want to use tile? YES   NO
    - Where?   Floor_____ Other _____
      o Name of Tile: _____ Tile Color: _____
      o Pattern: stack_____ running_____ bond_____ diamond_____ Other_____
      o Grout color: _____ Tile Size: _____