PASSOW
— REMODELING —

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Bathroom Remodel Checklist

Before our meeting, please review the following checklist. This checklist includes the most common elements of a bathroom 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. *Bathroom Specs*
   - Budget for project: _____
   - Type of bathroom (ie. Powder, master, hall, other.): _____
   - Current square footage: _____
   - Desired square footage: _____
   - Location of bathroom (upstairs, downstairs, new): _____
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?_____
        - Ventilation Fan: YES   NO Fan_____Light_____Condensate_____Motion_____Heat_____
        - Light fixtures?   YES   NO
          o Make, Model_____ Units: _____
          o Finish: _____ Bulbs: _____
4. *Plumbing*
   - Will the plumbing need to be upgraded or relocated?   YES   NO

Angie's list. 2013 SUPER SERVICE AWARD

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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_____*

d. *Toilet:* Save_____ New_____ Gravity_____Ultra Flush_____ Round_____Elongated_____

e. *Tub:* Save_____New_____ White_____Other_____

f. *Shower:* Save_____New_____ White_____Other_____ Size: _____x_____
   i. *Onyx Shower_____ Bench_____ Recessed Caddie_____ (_____#)*
      Corner Caddie_____ (_____#) Crown_____
   ii. *Grab Bars_____*
      1. *#_____36" #_____24" #_____12" #_____9"*

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_____ Shower_____
      o Name of Tile: _____ Tile Color: _____
      o Pattern: stack____ running_____ bond_____ diamond_____ Other_____
      o Grout color: _____ Tile Size: _____