

New Kitchen Planner



Use this planner to begin your design process. Complete as many of the questions as you can. Feel free to contact us with any questions you may have.

Dealer Info

Name: _____
Email: _____
Phone: _____
Website: _____

Designer Info

Name: _____
Phone: _____
Email: _____

Client Information

1. How long have you lived at the address where you want a new kitchen? _____
2. Is this your primary home? Yes No
3. When was the house built? _____ How old is the existing kitchen? _____
4. When would you like to start the project? _____
5. When would you like the project to be completed? _____
6. Most budgets are 8-12% of the home's value. What is your home's approximate value? _____
7. What budget range have you established for your project? _____
8. What do you dislike about your present kitchen? _____

9. What do you like about your present kitchen? _____

Kitchen Information

1. How many household members? Adults _____ Teens _____ Children _____
Special needs? _____ Pets? What types? _____
2. Who is the primary cook? _____ Left Handed Right Handed
3. How many other household members cook? _____
Do they have any cooking hobbies? _____
4. How does the family use the kitchen? Daily heat-and-serve meals Daily full-course meals
 Weekend quantity cooking Weekend family meals Other _____
5. Any current or anticipated accessibility needs? _____
Do you plan to age-in-place? _____

Kitchen Information continued

6. Is the kitchen a socializing space. _____

7. How would you like the new kitchen to relate to other adjacent rooms? _____

Family Room Home Office Dining Room TV Room Other

8. What is your kitchen dining preference? Island Separate Table: New Existing

Table-height (30" high) dining counter Counter-height (36" high) dining counter

Bar-height (42" high) dining counter How many seated diners? _____

9. Do you do any specialty cooking? Gourmet Canning Ethnic

10. How often do you entertain? Formally? _____ Informally? _____

11. Which statement(s) fit you best?

I like to be the only one in the kitchen with my guests in a separate room.

I like to be the only cook in the kitchen with my guests close by in a family room that opens into the kitchen.

I like my guests to be in the kitchen visiting with me while I cook.

I like my guests to help with meal preparation in the kitchen.

I like my guests to help with clean up after the meal.

My events are catered. They use my kitchen to prepare food. They don't use my kitchen.

12. What secondary activities will take place in your kitchen? Computer Laundry TV/Radio

Eating Desk Wet Bar Growing Plants Sewing Pet Feeding

Hobbies Study Other _____

13. How often do you shop for food? Weekly Bi-Weekly Daily Do you buy in bulk?

14. What type of cabinet interior storage are you interested in? Lazy Susan (base) Lazy Susan (wall)

Roll-outs Pantry Towel Bar Toe Kick Step Stool Sink Tilt-out Tray Dividers

Roll-out Trash Recycle Bins Cutlery Dividers Spice Beverage Center

Cutting Board Glass Doors Bookcases Other _____

Kitchen Information continued

15. What small, electrical appliances do you use in your kitchen? Do you store them on the counter (C)

or stowed (S) away? Blender _____ Electric Fry Pan _____ Wok _____ Can Opener _____
Food Processor _____ Mixer _____ Slow Cooker _____ Pressure Cooker _____ Toaster _____
Griddle _____ Coffee Maker _____ Espresso Machine _____ Foreman Grill _____ Rotisserie _____
Other _____

16. Have you considered relocating or changing windows or doors in the new plan? Yes No

17. Do you need separate bins for trash/recycling? Trash Recycling

Design Information

1. How will your new kitchen feel? Sleek and Contemporary Warm and Cozy Country
 Traditional Open and Airy Strictly Functional Formal Family Retreat
 Personal Design Statement Other _____

2. What colors do you like? _____

3. What colors are you considering for your kitchen? _____

4. What are color preferences of other family members? _____

5. Have you made a sketch or collected pictures of ideas for your new kitchen? Yes No

6. Design notes: _____

Project Specifications

1. CABINETRY

Wood: Paint Stain Species _____

Decorative Laminate Metal Acrylic

Other _____

Exterior Color/Finish _____ Interior Color/Finish _____

2. COUNTERTOPS

Quartz Granite Marble Laminate Solid Surface Butcher Block

Other _____

Edge Treatment: _____

Backsplash: Height _____ Material _____

3. FASCIA/SOFFIT area above cabinetry

Open Flush Extended Recessed Stained Wood Painted Lighted

Other _____

4. LIGHTING

Source: _____

Incandescent Fluorescent Halogen LED Other _____

Location: Cooking Sink Desk Soffit General Ceiling Table

Island/Peninsula Under Wall Cabinets Mixing Area Window Pantry

Other _____

Type: Suspended Recessed Track Surface Mounted

Other _____

Project Specifications continued

5. APPLIANCES

RANGE: Model #: _____ Manufacturer: _____ Size: _____

- Gas Electric Microwave Convection Drop-In Slide-In Eye Level
 Free-Standing Self Cleaning Continuous Cleaning

COOKTOP: Model #: _____ Manufacturer: _____ Size: _____

- Gas Electric Enamel Steel Conventional Coil Ceramic Solid Disk
 Stainless Steel Halogen Induction Color: _____

Accessories: _____

OVEN: Model #: _____ Manufacturer: _____ Size: _____

- Gas Electric Single Double Self Cleaning Continuous Cleaning
 Microwave Microwave/Convection Convection Other: _____

HOOD: Model #: _____ Manufacturer: _____ Size: _____

- Decorative Standard Wood Metal Other Material: _____
 Vented Ductless New Ductwork Need: _____ CFM _____

Duct Termination: _____ Ability to Run Ductwork: _____

WARMING DRAWER: Single Double

Model #: _____ Manufacturer: _____ Size: _____

INDOOR GRILL: Single Double Combo Gas Electric

Model #: _____ Manufacturer: _____ Size: _____

MICROWAVE: Model #: _____ Manufacturer: _____ Size: _____

- Built-In Free Standing Micro Hood Base Pull-out Trim Kit Other: _____

Project Specifications continued

5. APPLIANCES CONTINUED

REFRIGERATOR: Side-by-side Top Freezer Bottom Freezer Right Hinge Left Hinge
 Reversible Ice Maker Built-In Under Counter Front Panel Trim Kit

Model #: _____ Manufacturer: _____ Size: _____

FREEZER: Upright Chest Front Panel Trim Kit

Model #: _____ Manufacturer: _____ Size: _____

DISHWASHER: Front Panel Conv. Kit Trim Kit Existing Plumbing Left / Right of Sink

Model #: _____ Manufacturer: _____ Size: _____

FOOD WASTE DISPOSAL: Batch Feed Continuous Feed

Model #: _____ Manufacturer: _____ Size: _____

TRASH COMPACTOR: Left Hinge Right Hinge Pull-out Front Panel Trim Kit

Model #: _____ Manufacturer: _____ Size: _____

BUILT-IN CAN OPENER: Under Cabinet In Wall

Model #: _____ Manufacturer: _____ Size: _____

BUILT-IN TOASTER: Under Cabinet In Wall

Model #: _____ Manufacturer: _____ Size: _____

BUILT-IN MIXING CENTER: Under Cabinet In Counter

Model #: _____ Manufacturer: _____ Size: _____

TELEPHONE/INTERCOM: Model Number: _____ Manufacturer: _____

INCLUDED IN YOUR KITCHEN: Television DVR Radio Phone Charging

WASHER: Model Number: _____ Manufacturer: _____

DRYER: Model Number: _____ Manufacturer: _____

Project Specifications continued

6. FIXTURES AND FITTINGS

SINK #1: Model Number: _____ Manufacturer: _____ Size: _____

Bowl(s): Single Double Triple Small/Large Drain Board: Right Left None

Material: Stainless Steel Copper Porcelain-Enameled Cast Iron Fireclay

Solid Surface Stone Composite Acrylic Other: _____

Undermount Drop In Dual Mount Apron/Farm Number of Holes: _____

SINK #2: Model Number: _____ Manufacturer: _____ Size: _____

Bowl(s): Single Double Triple Small/Large Drain Board: Right Left None

Material: Stainless Steel Copper Porcelain-Enameled Cast Iron Fireclay

Solid Surface Stone Composite Acrylic Other: _____

Undermount Drop In Dual Mount Apron/Farm Number of Holes: _____

FAUCETS: Model Number: _____ Manufacturer: _____ Size: _____

1 Handle 2 Handle Spray Lotion Dispenser Water Purifier

Other: _____

INSTANT HOT WATER: In Sink In Counter

Model Number: _____ Manufacturer: _____ Size: _____

CHILLED WATER: In Sink In Counter

Model Number: _____ Manufacturer: _____ Size: _____

LOTION DISPENSER: In Sink In Counter

Model Number: _____ Manufacturer: _____ Size: _____

Project Specifications continued

7. WINDOWS

Casing: Match Existing. Finish: _____ Replace All. Finish: _____

Size: _____ Profile: _____

Window: Size: _____ Finish: _____

Slider Bow Casement Bay Double Hung Support Skylight Roof

Other: _____

Exterior Wall Patch: _____ Sink Vent Relocation: _____

Pass-through Surfacing: _____

New Window Size: _____ Screen: _____

New Window Size: _____ Screen: _____

New Window Size: _____ Screen: _____

New Window Size: _____ Screen: _____

8. DOORS

Casing: Match Existing. Finish: _____ Replace All. Finish: _____

Size: _____ Profile: _____

Doors:

Solid Core Size: _____ Screen: _____ Hinge Left or Right: _____

Steel Size: _____ Screen: _____ Hinge Left or Right: _____

Hollow Core Size: _____ Screen: _____ Hinge Left or Right: _____

Bi-fold Size: _____ Screen: _____ Hinge Left or Right: _____

Pocket Size: _____ Screen: _____ Hinge Left or Right: _____

Accordion Size: _____ Screen: _____ Hinge Left or Right: _____

Other Size: _____ Screen: _____ Hinge Left or Right: _____

Exterior Wall Patch: _____ Interior Wall/Floor Patch: _____

Hardware: Finish: _____ Passage Knob Privacy Lever

Project Specifications continued

9. FLOORING

PREPARATION: Removal: _____ Leveling/Shimming: _____
Subfloor Material: _____ Underlayment: Plywood Particleboard
Baseboard: _____ Transition Treatment: _____
FLOOR COVERING: Wood Carpet Vinyl Stone
 Tile: Size: _____ Grout: _____
Baseboard: _____ Transition Treatment: _____

10. DECORATIVE SURFACES

WALL COVERING: Tile Wood Wallpaper Mirror Paint
Other: _____
WALL PREPARATION: Clean Patch Remove Existing New Plaster/Drywall
Other: _____
CEILING COVERING: Paint Wallpaper Suspended Vaulted Skylights
Other: _____
CEILING PREPARATION: Clean Patch Plywood Staples/Glued Remove Existing
 New Plaster/Drywall Other: _____
WINDOW TREATMENT: Blinds Fabric Shutters Other: _____

11. CARPENTRY

Demolition: _____
Trash Removal: _____
Structural Changes: _____
Installation: _____
MISCELLANEOUS INFORMATION: _____

Existing Construction Details

1. CONSTRUCTION

Construction of House: Single Story Multi Story Style of House

Room Above or Below Kitchen: _____

Condition and Covering Of: Walls: _____

Floors: _____

Ceilings: _____ Fascia/Soffit: _____

Squareness of Corners: _____ Parallel Walls to Within 3/4": _____

Construction of Floor: Slab Frame

Floor Joists: Parallel to Longest Wall Perpendciular to Longest Wall Joist Height: _____

Exterior: Brick Aluminum Stucco Wood Vinyl Other: _____

Interior: Drywall Lath & Plaster Wood Stone/Brick

Windows: Sliders Double Hung Skylights Casement Greenhouse

Change or Relocate?: Windows: Yes No Doors: Yes No Walls: Yes No

Sewage System: City Service Spetic System Other: _____

Roof Material: _____ Age: _____

Heating/cooling System(s): _____ Age: _____

2. ACCESS

Are doors and passageways large enough to move cabinetry and appliances?

Kitchen: Yes No Basement: Yes No Crawl Space: Yes No Attic: Yes No

Material Storage Area: _____ Trash Collection Area: _____

3. PLUMBING

Location of Existing Vent Stack _____ Type of Trap _____

4. ELECTRICAL

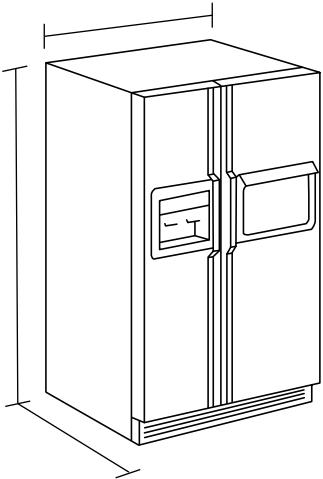
GFCI Existing: Yes No

New Wiring Access: Difficult Average Easy

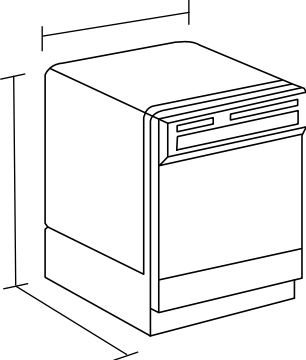
Electrical Service Capacity: _____ No. of Circuits Available: 120V _____ 240V _____

5. OTHER INFORMATION _____

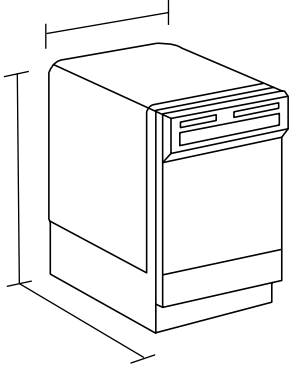
Dimensions of Existing Appliances



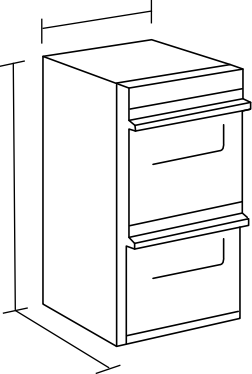
Refrigerator



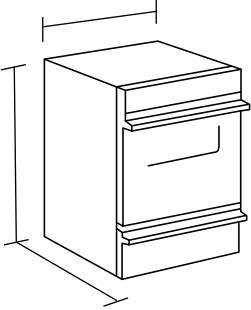
Dishwasher



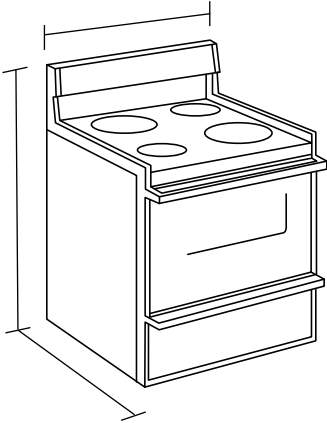
Compactor



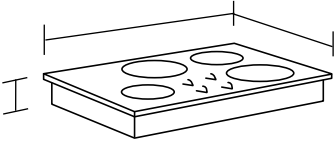
Double Oven



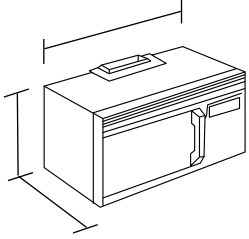
Single Oven



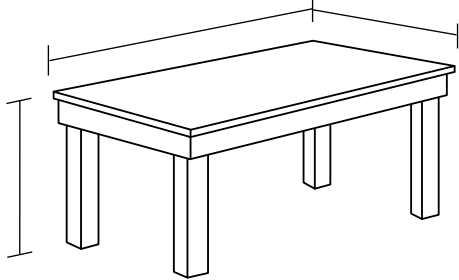
Range



Cooktop



Microwave



Table

Existing Wall Elevation Dimensioning

WINDOWS

No.	A	B	C	D	E	F	G	H	I
1									
2									
3									
4									

REGISTER OR FAN

No.	A	B	C	D	E	F	G
1							
2							

BASEBOARD HEAT

No.	A	B	C	D
1				
2				

DOORS

No.	A	B	C	D	E	F	G
1							
2							
3							

RADIATOR

No.	A	B	C	D	E
1					
2					

Your Kitchen Floor Plan

Scale: 1/2" = One Foot

