

Bathroom Planning Sheet

This is designed as a starting point to make your first meeting with your designer as productive as possible. In addition to this planning sheet, please bring any drawings/layouts, room measurements, pictures, websites, etc., that will help in the design and selection process.

Name: _____

_____ New Construction _____ Remodel

Address: _____

Project Start Date: _____

Phone: _____

General Contractor: _____

Email: _____

Plumber: _____

Other Contacts: _____

Tub: Color _____ Size _____

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Drop In | <input type="checkbox"/> Wall Kit |
| <input type="checkbox"/> Tub/Shower | <input type="checkbox"/> Steam |
| <input type="checkbox"/> Valve Finish | <input type="checkbox"/> Body Sprays |
| <input type="checkbox"/> Whirlpool/Air/Combo/Soaker | |

Shower: Size _____

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Base Only | <input type="checkbox"/> Grab Bars |
| <input type="checkbox"/> Wall Kit | <input type="checkbox"/> Seat(s) |
| <input type="checkbox"/> Body Sprays | <input type="checkbox"/> ADA |
| <input type="checkbox"/> Steam | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hand Held | <input type="checkbox"/> Valve Finish |

Toilet: Color _____

- | | |
|------------------------------------|---|
| <input type="checkbox"/> 1 Piece | <input type="checkbox"/> Regular Height |
| <input type="checkbox"/> 2 Piece | <input type="checkbox"/> Comfort Height |
| <input type="checkbox"/> Round | <input type="checkbox"/> Bidet/Washlet Seat |
| <input type="checkbox"/> Elongated | |

Sink: Color _____

- | | |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Drop-In | <input type="checkbox"/> Pedestal |
| <input type="checkbox"/> Undermount | <input type="checkbox"/> Vessel |

Faucet: Finish _____

- | |
|---|
| <input type="checkbox"/> Single Handle |
| <input type="checkbox"/> Two Handle: _____ 4" or _____ 8" |
| <input type="checkbox"/> Wall Mount |
| <input type="checkbox"/> Matching Drain & Supplies |

Shower/Tub Glass Enclosures:

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Sliding Glass | <input type="checkbox"/> Framed |
| <input type="checkbox"/> Door/Panel | <input type="checkbox"/> Frameless |
| <input type="checkbox"/> Door | |

Accessories:

- | | |
|--|--|
| <input type="checkbox"/> Towel Bar | |
| Length: _____ | |
| <input type="checkbox"/> TP Holder | <input type="checkbox"/> Glass Shelf |
| <input type="checkbox"/> Soap Dish | <input type="checkbox"/> Baskets |
| <input type="checkbox"/> Robe Hook | <input type="checkbox"/> Towel Warmer |
| <input type="checkbox"/> Toothbrush Holder | <input type="checkbox"/> Magnifying Mirror |
| <input type="checkbox"/> Shower Rod | <input type="checkbox"/> Towel Ring |

Furniture/Cabinets

- | | |
|---|--|
| <input type="checkbox"/> Wood Finish: Color _____ | |
| <input type="checkbox"/> Door Style: _____ | |
| <input type="checkbox"/> Vanity Length _____ | |
| Width _____ Height _____ | |
| <input type="checkbox"/> Medicine Cabinet | <input type="checkbox"/> Mirror Only |
| <input type="checkbox"/> Overtoilet Cabinet | <input type="checkbox"/> Tub Skirt _____ |
| <input type="checkbox"/> Linen Tower | |
| <input type="checkbox"/> Hardware (knobs & pulls) | |

Countertop:

- | | |
|--|--|
| Color _____ | |
| <input type="checkbox"/> Solid Surface | <input type="checkbox"/> Granite |
| <input type="checkbox"/> Quartz | <input type="checkbox"/> Marble |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Cultured Marble |

Lighting /Ventilation

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Fan Only | <input type="checkbox"/> Fan/Light |
| <input type="checkbox"/> Fan/Heat | <input type="checkbox"/> Fan/Light/Heat |