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KITCHEN PLANNING GUIDE

The Kitchen Planning Guide has been designed to help you begin seeing your dream of a new kitchen come to life. Answering the questions below will help you work through the details of your family's requirements to help meet that goal. Please take the time to print out this page and answer the questions. It will be worth it!

FAMILY & LIFESTYLE

Number of family members: _____

Number and approximate ages of family members:

_____ infants _____ young children _____ teens _____ 20 to 30 yrs _____ 31 to 40 yrs

_____ 41 to 50 yrs _____ 51 to 60 yrs _____ 61 to 70 yrs _____ 70+

If your family has young children, will they be using the kitchen frequently? ____ Yes ____ No

How long do you plan on living in the home you are remodeling/building?

_____1 to 5 yrs _____6 to 10 yrs _____11 to 20 yrs _____20+

Where does your family eat its meals? __ Kitchen __ Dining Room Other: _____

Where will your family eat after you remodel/build? __ Kitchen __ Dining Room Other: _____

Do you require a kitchen table or would you be willing to explore other options if a design could be improved? _____ A kitchen table is required _____ A kitchen table is preferred but open to other options _____ A kitchen table is not necessary

What other activities will take place in your new kitchen?

____ Laundry ____ Homework ____ Watching TV ____ Paying Bills

____ Sewing ____ Computer Center Other: _____

After your remodel/build will you entertain frequently?

____ Yes ____ No

If Yes... What is your entertainment style?

_____ formal _____ informal

Do you have _____ large or _____ small gatherings?

Do your guests help you in the kitchen when you entertain? __Yes __ No

How do you shop?

_____ For the week _____ Buy in bulk and freeze _____ For each meal

_____ Buy non-perishable items in bulk

If you buy in bulk, do you require storage in the kitchen for all or most of these items? ____ Yes ____No

COOKING STYLE

| Who is the primary cook? | | | |
|--|--|--|--|
| Is the primary cook left-handed orright handed? | | | |
| How tall is the primary cook? | | | |
| What is the primary cook's cooking style? Gourmet Meals Family Meals Quick & Simple Meals Bringing Meals Home Baking | | | |
| What does the primary cook prefer? No one else in the kitchen while preparing meals A helper in the kitchen when preparing meals Family or friends visiting during meal preparation. | | | |
| Does the primary cook have any physical limitations? Yes No | | | |
| Who is the secondary cook? | | | |
| Do the secondary and primary cook prepare meals together? Yes No | | | |
| Is the secondary cook left handed or right handed? | | | |
| How tall is the secondary cook? | | | |
| What are the secondary cook's responsibilities? Preparing side dishes Clean up Assist in preparing main course | | | |
| Does the secondary cook have any physical limitations? | | | |

DESIGN & STYLE

What are your color preferences for your new kitchen? _____

Are there colors you would not want in your new kitchen?

Have you created a scrapbook of notes, photos, and ideas that you would like to use in your new kitchen? ___ Yes __ No

If a design could be greatly improved, would you be willing to make structural changes?

(i.e. moving windows, doors, and walls)? __ Absolutely not __ I would consider it

What do you like about your current kitchen? _____

What do you dislike about your current kitchen? _____

Do you require a recycling center in your kitchen? __ Yes __ No

If Yes... How many items do you need to sort? _____

Will you be keeping your existing appliances? • Dishwasher: __ existing __ new

• Refrigerator: __ existing __ new • Oven/Range: __ existing __ new

What is your style preference for your new kitchen? __ Contemporary __ formal __ country __ traditional

TIME & BUDGET

| When would you like to begin your project? |
|--|
| When would you like your project completed? |
| When would you like your project completed? |
| If you are building, is the kitchen in your contract? Yes No |
| Do you have a budget for this project? Yes: \$ |

GENERAL

| Name: | | | | |
|---|-----------|------|--|--|
| Address: | | | | |
| City: | State: | Zip: | | |
| Home Phone: | | - | | |
| Work Phone: | | | | |
| Email: | | | | |
| Fax: | | | | |
| New Home Address: | | | | |
| City: | State: Zi | p: | | |
| Builder Name (if applicable): | | | | |
| Contact Name: | | | | |
| Phone: | | | | |
| Fax: | | | | |
| | | | | |
| Architect Name (if applicable): _ | | | | |
| Contact Name: | | | | |
| Phone: | | | | |
| Fax: | | | | |
| | | | | |
| Interior Designer Name (if applicable): | | | | |
| Contact Name: | | | | |
| Phone: | | | | |
| Fax: | | | | |