

## CUSTOM BATH PLANNING GUIDE

Name(s) \_\_\_\_\_ Date \_\_\_\_\_  
Current Address \_\_\_\_\_ Zip \_\_\_\_\_  
Jobsite Address \_\_\_\_\_ Zip \_\_\_\_\_  
Residence phone \_\_\_\_\_ Jobsite phone \_\_\_\_\_  
Phone #'s for \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
Phone #'s for \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
Client's fax number if available \_\_\_\_\_  
Client's e-mail address \_\_\_\_\_ E-mail or phone preferred (circle one)  
Architect \_\_\_\_\_ phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Interior Designer \_\_\_\_\_ phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Builder's \_\_\_\_\_ phone # \_\_\_\_\_ Cell # \_\_\_\_\_

### Design Planning Information

1. Is this a plan for a new home \_\_\_\_\_, an addition \_\_\_\_\_ or a remodel bath \_\_\_\_\_?
2. Have you ever remodeled a home before? \_\_\_\_\_ built a new home before? \_\_\_\_\_
3. Is there a particular completion date for the project? \_\_\_\_\_
4. What is the main reason you are planning to invest in a new bath? \_\_\_\_\_  
\_\_\_\_\_
5. Has anyone else assisted you with the planning of this bath? \_\_\_\_\_
6. How did you happen to choose us for assistance? \_\_\_\_\_
7. Do you have a scrapbook of ideas or pictures we may discuss? \_\_\_\_\_
8. Is this a new Master bath \_\_\_ Guest Bath \_\_\_ Powder room \_\_\_ Other \_\_\_\_\_?
9. Who will be the primary users of this bath? \_\_\_\_\_
10. What hand are they? Left \_\_\_ Right \_\_\_ How tall are they? \_\_\_\_\_
11. Will they have any special physical requirements we should be aware of? \_\_\_\_\_  
\_\_\_\_\_
12. What improvements on the current bath should we consider for your new one? \_\_\_\_\_

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13. Will the room serve additional purposes, i.e. dressing room, exercise area? \_\_\_\_\_

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14. Do you have any color preferences, material preference, i.e. tile, stone, etc. \_\_\_\_\_

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15. Do you have another facility to use during the remodeling? \_\_\_\_\_

16. Do you have any special accessories you are hoping to incorporate, i.e. hamper, magnifying mirror, seated make-up area \_\_\_\_\_

17. Do you require storage in this area for such items as bed linens? \_\_\_\_\_

18. Do you have a preference for single control faucets or separate hot and cold?(circle one)

19. Do you have any particular requirements of the bathing area, i.e. steam shower, body jets, hand shower, seating within, etc? \_\_\_\_\_

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19. Do you have any preference in countertop material? \_\_\_\_\_

20. Do you have any preference in flooring material? \_\_\_\_\_

21. Do you have any preference in wall covering? \_\_\_\_\_

Every project has a range of investment based upon the materials selected and the degree of labor involved to accomplish the project. To assist you in getting the most from your project it is necessary for us to have a range of investment that you are considering. If you have not determined what that range might be I will happy to answer your questions and assist you at our next meeting.

Meeting notes:

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