



ROBERTS BROTHERS CONSTRUCTION, INC

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DREAMING ABOUT A NEW KITCHEN

Before beginning construction work, assess your needs, devise an efficient layout, and determine a budget.

DETERMINE YOUR NEEDS

What do you love about your current kitchen?

What would you most like to change?

Describe your dream kitchen:

What type of feeling would you like your new kitchen to have?

What colors do you like?

How do you describe your decorating style?

Do you want to include multiple workstations?

Do you want your kitchen to be open to the family room or other living spaces?

Number and age of household members:

Number and age of cooks:

Does anyone using the kitchen have any physical limitations? Please explain.

How many times per month do you entertain?

Do you host large events or small gatherings?

KITCHEN WISHLIST

Determine what activities you'll do in your kitchen and where you will want these activities to take place. Knowing how you'll use your kitchen will help you plan an efficient layout.

KITCHEN ACTIVITIES

Cooking

	Yes	No
Light cooking (fast meals, easy preparation)	<input type="checkbox"/>	<input type="checkbox"/>
Family cooking (large meals, partially from scratch)	<input type="checkbox"/>	<input type="checkbox"/>
Gourmet cooking	<input type="checkbox"/>	<input type="checkbox"/>
Baking	<input type="checkbox"/>	<input type="checkbox"/>
Entertaining (serving outside the kitchen)	<input type="checkbox"/>	<input type="checkbox"/>
Cooking parties as entertaining	<input type="checkbox"/>	<input type="checkbox"/>

Dining

	Yes	No
Informal dining for fewer than six	<input type="checkbox"/>	<input type="checkbox"/>
Informal dining for six or more	<input type="checkbox"/>	<input type="checkbox"/>
Formal dining	<input type="checkbox"/>	<input type="checkbox"/>

Other Kitchen Activities

	Yes	No
Office/computer work	<input type="checkbox"/>	<input type="checkbox"/>
Crafts	<input type="checkbox"/>	<input type="checkbox"/>
Sewing	<input type="checkbox"/>	<input type="checkbox"/>
Homework	<input type="checkbox"/>	<input type="checkbox"/>
Games	<input type="checkbox"/>	<input type="checkbox"/>
TV viewing (in kitchen or from kitchen area)	<input type="checkbox"/>	<input type="checkbox"/>
Laundry: machine-wash, hand-wash, air-dry, sort/fold	<input type="checkbox"/>	<input type="checkbox"/>
Talking on the phone	<input type="checkbox"/>	<input type="checkbox"/>
Listening to music	<input type="checkbox"/>	<input type="checkbox"/>
Displaying collections	<input type="checkbox"/>	<input type="checkbox"/>
Growing herbs/plants	<input type="checkbox"/>	<input type="checkbox"/>

STORAGE BY ITEM TYPE

Food/Beverages

	Yes	No
Staples, canned goods	<input type="checkbox"/>	<input type="checkbox"/>
Fruits, vegetables	<input type="checkbox"/>	<input type="checkbox"/>
Spices, oils, vinegars	<input type="checkbox"/>	<input type="checkbox"/>
Coffee, espresso, tea	<input type="checkbox"/>	<input type="checkbox"/>
Wine	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

Cookware

	Yes	No
Bakeware	<input type="checkbox"/>	<input type="checkbox"/>
Pots and pans	<input type="checkbox"/>	<input type="checkbox"/>
Measuring cups, spoons	<input type="checkbox"/>	<input type="checkbox"/>
Specialty utensils, such as funnels	<input type="checkbox"/>	<input type="checkbox"/>
Cookbooks, recipes	<input type="checkbox"/>	<input type="checkbox"/>
Small appliances	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

Dishes/Serving

	Yes	No
Everyday dinnerware, glassware	<input type="checkbox"/>	<input type="checkbox"/>
Table linens, napkins	<input type="checkbox"/>	<input type="checkbox"/>
Special-occasion dinnerware, glassware	<input type="checkbox"/>	<input type="checkbox"/>
Flatware	<input type="checkbox"/>	<input type="checkbox"/>
Serving pieces (platters, tureens, pitchers)	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

Other

	Yes	No
Paper goods	<input type="checkbox"/>	<input type="checkbox"/>
Food storage containers/wraps	<input type="checkbox"/>	<input type="checkbox"/>
Pet food and supplies	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning products	<input type="checkbox"/>	<input type="checkbox"/>

STORAGE ACCESSORIES

Base Cabinets

	Yes	No
Full-extension sliding shelves	<input type="checkbox"/>	<input type="checkbox"/>
Hinged swing-out wire shelf units (for blind corners)	<input type="checkbox"/>	<input type="checkbox"/>
Lazy Susan system (for corner cabinet)	<input type="checkbox"/>	<input type="checkbox"/>
Door-mount racks for food pantry	<input type="checkbox"/>	<input type="checkbox"/>
Slide-out racks/bins for trash and recycling	<input type="checkbox"/>	<input type="checkbox"/>
Dedicated racks for pots and pans, with lid dividers	<input type="checkbox"/>	<input type="checkbox"/>
Controlled-close drawer systems	<input type="checkbox"/>	<input type="checkbox"/>
Deep pegged drawers	<input type="checkbox"/>	<input type="checkbox"/>

Wall Cabinets

	Yes	No
Pull-down overhead shelf systems	<input type="checkbox"/>	<input type="checkbox"/>
Flip-down cookbook shelf, mounted to underside	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous

	Yes	No
Backsplash rack system for utensils and spices	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling-mount pot rack	<input type="checkbox"/>	<input type="checkbox"/>
Cabinet for TV	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

PHYSICAL PROPERTIES

Room Size

	Existing Kitchen	New Kitchen
North wall	_____	_____
East wall	_____	_____
South wall	_____	_____
West wall	_____	_____
Total square feet	_____	_____
Ceiling height	_____	_____

Cabinets

Style:

- _____ Traditional
- _____ Contemporary
- _____ Transitional
- _____ Cottage
- _____ Period look (specify) _____

Door Surface

- Wood _____ Species _____ Finish _____
- Laminate or vinyl thermal overlay _____
- Metal _____

Door Style

Full overlay _____ Partial overlay _____ Inset _____

For examples of door styles, see page 12.

	Yes	No
Multiple surfaces	<input type="checkbox"/>	<input type="checkbox"/>
Cabinet hardware	<input type="checkbox"/>	<input type="checkbox"/>
Island	<input type="checkbox"/>	<input type="checkbox"/>
Matching range hood	<input type="checkbox"/>	<input type="checkbox"/>
Matching appliance panels	<input type="checkbox"/>	<input type="checkbox"/>

Surfaces

	Backsplash	Countertop
Ceramic Tile	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>
Laminate	<input type="checkbox"/>	<input type="checkbox"/>
Quartz-surfacing	<input type="checkbox"/>	<input type="checkbox"/>
Solid-surfacing	<input type="checkbox"/>	<input type="checkbox"/>
Stainless steel	<input type="checkbox"/>	<input type="checkbox"/>
Stone	<input type="checkbox"/>	<input type="checkbox"/>
Wood	<input type="checkbox"/>	<input type="checkbox"/>
Other _____		

Flooring

	Yes	No	Where?
Bamboo	<input type="checkbox"/>	<input type="checkbox"/>	_____
Carpet	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ceramic tile	<input type="checkbox"/>	<input type="checkbox"/>	_____
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cork	<input type="checkbox"/>	<input type="checkbox"/>	_____
Laminate	<input type="checkbox"/>	<input type="checkbox"/>	_____
Linoleum	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vinyl sheet	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vinyl tile	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wood	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wood, engineered	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stone	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____			

Sink

Material:

- _____ Acrylic
- _____ Cast iron
- _____ Composite
- _____ Enameled steel
- _____ Solid-surfacing
- _____ Stainless steel
- _____ Stone

Configuration:

- _____ Single-basin
- _____ Double-basin
- _____ Triple-basin
- _____ Apron-front
- _____ Prep sink

Other: _____

Fixtures:

- _____ Single-handle faucet
- _____ Bridge faucet
- _____ High-arc faucet
- _____ Pullout faucet
- _____ Pot-filler faucet
- _____ Wall-mount faucet
- _____ Built-in water filter
- _____ Built-in soap/lotion dispenser
- _____ Food waste disposer

PHYSICAL PROPERTIES

Ventilation & Lighting

	Yes	No
Chimney hood	<input type="checkbox"/>	<input type="checkbox"/>
Custom insert	<input type="checkbox"/>	<input type="checkbox"/>
Downdraft	<input type="checkbox"/>	<input type="checkbox"/>
Island hood	<input type="checkbox"/>	<input type="checkbox"/>
Microwave-hood combination	<input type="checkbox"/>	<input type="checkbox"/>
Undercabinet hood	<input type="checkbox"/>	<input type="checkbox"/>
Pendant lights	<input type="checkbox"/>	<input type="checkbox"/>
Recessed lighting	<input type="checkbox"/>	<input type="checkbox"/>
Skylight	<input type="checkbox"/>	<input type="checkbox"/>
Task lighting	<input type="checkbox"/>	<input type="checkbox"/>
Accent lighting	<input type="checkbox"/>	<input type="checkbox"/>
Other _____		

Large Appliances

_____ Conventional oven	Qty: _____
_____ Convection oven	Qty: _____
_____ Microwave oven	
_____ Steam oven	
_____ Cooktop	
_____ Freestanding range	
_____ Slide-in range	
_____ Warming drawer	
_____ Refrigerator	Qty: _____
_____ Freezer	Qty: _____
_____ Refrigerator drawer	Qty: _____
_____ Wine cooler	
_____ Dishwasher	Qty: _____
_____ Dishwasher drawers	Qty: _____
_____ Washer	
_____ Dryer	
_____ Washer-dryer combination	

Small appliances

_____ Blender
_____ Bread machine
_____ Coffee grinder
_____ Coffeemaker
_____ Electric frying pan
_____ Electric griddle
_____ Electric toaster
_____ Electric wok
_____ Espresso/cappuccino machine
_____ Food dehydrator
_____ Food processor
_____ Hand mixer
_____ Ice cream/sorbet maker
_____ Indoor grill
_____ Juicer
_____ Pasta machine
_____ Popcorn popper
_____ Rice cooker
_____ Slow cooker
_____ Stand mixer
_____ Toaster
_____ Toaster oven

MONEY MANAGEMENT

Budget Planning

	Yes	No
I plan to hire a contractor for all the work.	<input type="checkbox"/>	<input type="checkbox"/>
I plan to do some of the work myself.	<input type="checkbox"/>	<input type="checkbox"/>
I plan to do the decor, paint, etc. myself.	<input type="checkbox"/>	<input type="checkbox"/>
I plan to do all the work at once.	<input type="checkbox"/>	<input type="checkbox"/>
I plan to do the work and replace items in stages.	<input type="checkbox"/>	<input type="checkbox"/>
This is the realistic total I hope to spend: \$ _____		
This is the absolute most I can spend: \$ _____		

Financing Method:

All cash/savings

Home-equity loan/line of credit

Pay cash _____%, Borrow _____%

NOTES:

Learn more about our Kitchen Remodeling Services at Roberts Brothers Construction

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