



JOB: _____

SELECTION CHECKLIST FOR NEW HOME

(Circle which space this information applies to)

KITCHEN / MASTER BATH / BATH#___ / POWDER / LAUNDRY / L.L.BAR / OTHER

Cabinets:

Doorstyle: _____ Wood Species: _____ Finish: _____

Door edge: _____ Overlay: _____

Exposed end treatment: _____ 2nd color (accent) _____

Overlay: _____ Drawer guides: _____ Hinges: _____

Cabinet Construction details: _____ Glass Inserts: _____

Molding: _____ Location: _____ Under-cabinet: _____

Baseboard / Toekick style: _____ Back of island treatment: _____

Hardware:

Handles: _____ Knobs: _____ Combination: (describe) _____

Finish: _____

Countertops:

Material: _____ Color or Pattern # _____ Edge: _____

Finish: _____ Radius, corner or finished ends details: _____

Overhang Supports (Yes / No) 2nd color (accent): _____

Sink info: _____ Faucet info: _____ Drill Location: _____

Natural Stone: (Hand Select / Sign Waiver)

Backsplash Area:

Material: _____ Pattern / Series: _____ Color: _____

Grout: _____ Accent info: _____

Appliances:

Refrigerator: Make: _____ Mod# _____

Range: Make: _____ Mod# _____

Cooktop: Make: _____ Mod# _____

Dishwasher: Make: _____ Mod# _____

Microwave: Make: _____ Mod# _____

Hood: Make: _____ Mod# _____

Wall Oven: Make: _____ Mod# _____

Are any of the above items Panel-ready models requiring custom panels? (Yes / No)

Flooring:

(Circle which space this information applies to)

KITCHEN / MASTER BATH / BATH#___ / POWDER / LAUNDRY / L.L.BAR / OTHER

Material: _____ Pattern / Series: _____ Color: _____

Grout: _____ Thickness: _____

Transitions (Yes / No) Other trim needed: _____

(Circle which space this information applies to)

KITCHEN / MASTER BATH / BATH#___ / POWDER / LAUNDRY / L.L.BAR / OTHER

Material: _____ Pattern / Series: _____ Color: _____

Grout: _____ Thickness: _____

Transitions (Yes / No) Other trim needed: _____

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Material: _____ Pattern / Series: _____ Color: _____

Grout: _____ Thickness: _____

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Material: _____ Pattern / Series: _____ Color: _____

Grout: _____ Thickness: _____

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