



Part 3: Kitchen Planning Guide

Thank you for visiting our website. Please provide the following so that we may learn more about your project. Appointments are required for plan review in order for our consultants to devote full attention to your needs. Please allow scheduling at least 2 hours for the selections process, depending on the size of your project. Additional time may be required for price quotes . elegantd@elegantdesignsshowroom.com

PLEASE CHECK ALL THAT APPLY FOR YOUR KITCHEN PROJECT: Primary Home Second Home

New Construction Remodel without Addition Remodel with Addition

If your family has young children, will they be using the kitchen frequently? ___Yes ___No

Do any of the primary users have special needs (wheelchair accessibility, safety?) ___Yes ___No

What do you like about your current kitchen? _____

What do you dislike about your current kitchen? _____

What 3-5 words describe your dream kitchen? _____

What mood/style would you like to create in your ideal kitchen? Contemporary Traditional Mediterranean
 Coastal Old World Country Cottage Oriental Other

What colors are you considering using in your new kitchen? _____

Is the primary cook Left Handed or Right Handed?

Do you like to entertain in your home/kitchen? ___Yes ___No

If yes, what is your entertainment style? ___formal ___informal Large or small groups? ___under 10 ___10+ people

What other activities will take place in your kitchen? ___watching TV ___Homework/Office Work ___Other

SINKS, FAUCETS, & ACCESSORIES: How many bowls? ___Single ___Double ___Triple

Faucets Mounted on Sink Counter top Wall Do you need a faucet high enough to fill large pots? ___Yes ___No

What luxury or special accessory/storage items are you considering to include as you create your ideal kitchen?

___Water Filter ___Garbage Disposal ___Instant Hot ___Cabinet Hardware ___Appliance Hardware

___TV Mirror ___Ventilation ___Lighting ___Sink Cutting Board ___Cutting Board

___Spice Storage ___Wine Storage ___Towel Bars ___Towel Rings ___Paper Towel Holder

___Sink Trays ___Sound System ___Soap/Lotion Dispenser ___Deck Mounted Soap/Lotion

___Heated Flooring ___Other

Thank you for visiting our website and completing our Kitchen Project Guide.

You may FAX back to us via: 302-262-0021 or bring with you to your Plan Review Appointment. Please make sure you've completed Part 1: Tell Us About Your Project and if you also have a bath project, Part 2: Bath Planning Guide.