



Remodel Checklist

What currently works well

- _____
- _____
- _____
- _____
- _____

Needs improvement

- _____
- _____
- _____
- _____
- _____

Item to be re-used

- _____
- _____
- _____
- _____
- _____

New items needed

- _____
- _____
- _____
- _____
- _____

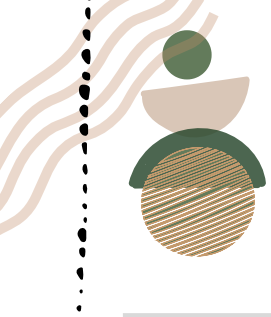
Item willing to splurge on

- _____
- _____
- _____
- _____
- _____

Items not splurging on

- _____
- _____
- _____
- _____
- _____





Project Planner

Material List



Cabinets Details

Supplier _____

Contact Info _____

Manufacturer _____

Style Name _____

Wood Type _____

Color/ Finish _____

Date Ordered: ___/___/___ **Ordered** **Delivered** **Installed**
ETA: _____

Appliances	Brand	Model No.	Ordered	Delivered
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Refrigerator	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Range	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Hood	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Countertops Details

Supplier _____

Material _____

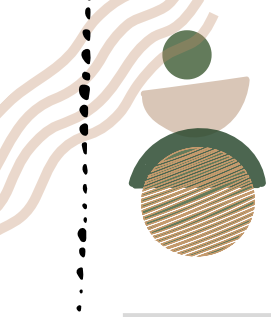
Design Name _____

Edge Choice _____

Template Date: _____ **Install Date:** _____

Plumbing	Model	Supplier	Ordered	Delivered
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Sink	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Faucet	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>



Material List Continued

Walls Details

Paint Color _____

Backsplash _____

Date Ordered: ___/___/___	Ordered	Delivered	Installed
ETA: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Flooring Details

Supplier _____

Type _____

Date Ordered: ___/___/___	Ordered	Delivered	Installed
ETA: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lighting Details

Supplier _____

Type _____

Date Ordered: ___/___/___	Ordered	Delivered	Installed
ETA: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

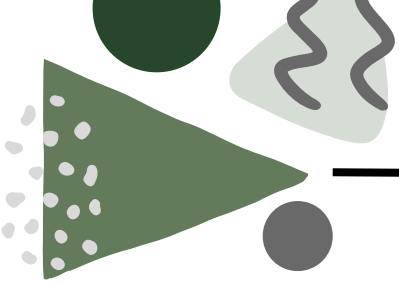
Decorative Hardware Details

Supplier _____

Type _____

Date Ordered: ___/___/___	Ordered	Delivered	Installed
ETA: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Homewares Details



My Notes

