

Getting Started

Designing your new kitchen or bath can be overwhelming. Knowing this, we've put together some helpful tools to get you started including tips for getting inspired, a measuring guide and some questions to find out what's important in your new kitchen or bath.

Gather Ideas

- Look through magazines and websites to get ideas of what your ideal kitchen or bath will look like
- Compile a folder or file with pictures, notes and articles that inspire you
- Brainstorm with family members to create a wish list
- Take pictures of the existing area you will be making changes to

Visit our Showroom

The first time you come in, here's what you can expect:

- We'll discuss with you what changes you want to make
- We'll go over your options for installation (do-it-yourself, self contracted installation, or installation by Advanced Cabinetry)
- We'll give you a tour of our showroom with top of the line name brands in cabinetry, countertops, plumbing, hardware and flooring and the various options available with each
- We'll discuss your budget with you
- We'll review whatever ideas you have or may have brought in and how we can help you implement them
- We'll go over how you plan to use the room and what changes you'd like to make

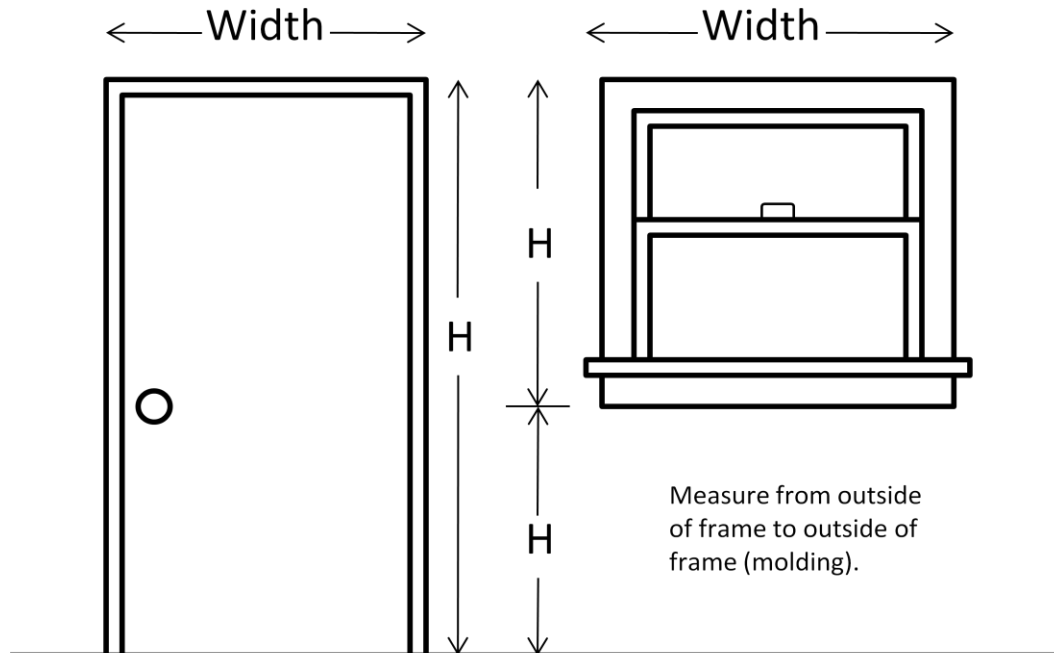
***Don't forget to bring in some rough dimensions of your kitchen or bath. We'll verify the dimensions later, but knowing the basic dimensions will help us give you a more accurate estimate of price.

What's next?

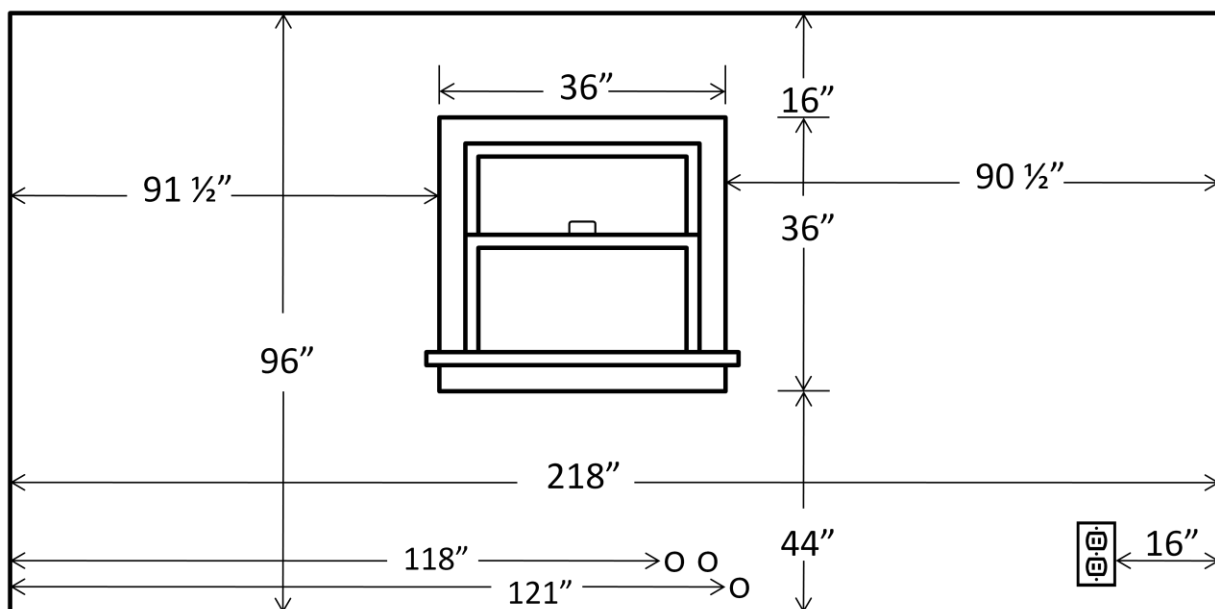
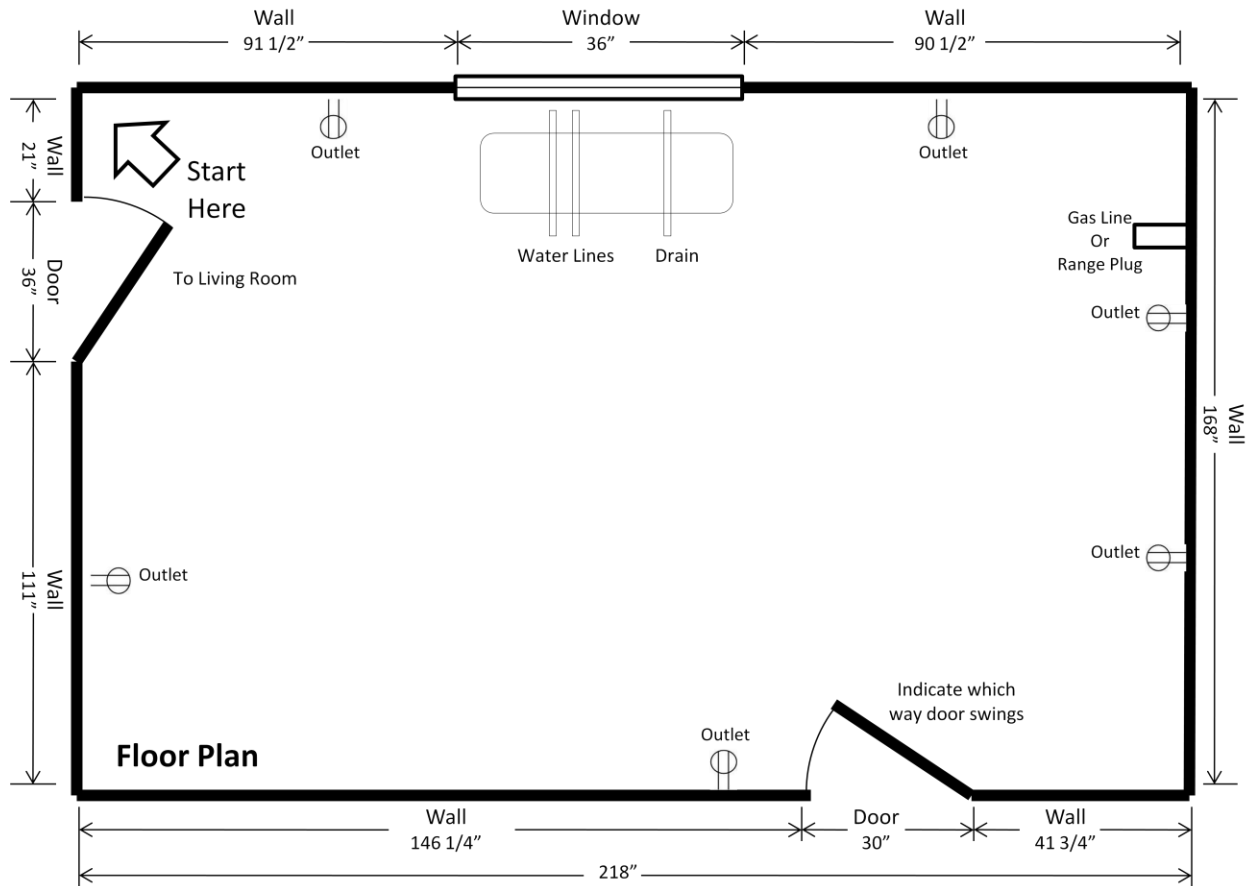
- If you like what you see, we'll create a design based on your choices in your initial visit including a floor plan, perspectives and elevations for you to visualize your new room
- We'll provide you with a quote
- We'll set up a follow up appointment to go over the design and pricing with you
- We'll discuss any modifications you'd like to make until you're completely happy with your new design
- Once you approve your design we'll finalize the dimensions and ask for a deposit to place the order for your new cabinetry, countertops, plumbing and anything else required for your new kitchen or bath!

See our FAQ's of Kitchen Remodeling for more information including shipping and installation time frames. www.AdvancedCabinetryInc.com/Blog

Step-by-Step Measuring Guide



- Step 1** – Draw a rough sketch of your kitchen (see examples of floor plan and wall elevations)
- Step 2** – Measure the entire walls, beginning at a left corner working your way right. (Write the total measurement in inches.)
- Step 3** – Measure from Left corner to edge of opening, window or door.
- Step 4** – Measure across opening from trim edge to trim edge
- Step 5** – Measure from trim edge to far wall. Compare steps 3, 4, and 5 to step 2. Both totals should be the same.
- Step 6** – Indicate exact location of water lines, water drain, gas lines, electrical outlets and switches on the drawing
- Step 7** – Measure windows and doors from floor to window sill, window sill to top of window and top of window/door to ceiling.
- Step 8** – Measure from floor to ceiling and compare to step 7.
- Step 9** – Measure width of door from trim edge to trim edge. Indicate which way door swings and which side is hinged.
- Step 10** – Measure remaining three walls following the previous steps 2 thru 6.
- Step 11** – Measure your existing appliances including sink. Note which type and size each appliance is.
- Step 12** – Double check all your measurements for accuracy



Lifestyle

1. How many people live in the home now? _____
2. List the number and ages of residents in the home:
 _____ Kids (12 and under) _____ Teens _____ Adults
3. How long do you plan to live in the home?
 ___ Undetermined ___ 1 to 5 yrs ___ 6 to 10 yrs ___ 10+
4. How soon would you like to begin the project? _____
5. When do you want the project completed? _____
6. Do you entertain guests often? ___ Frequently ___ Infrequently
7. Will your guests use the new space? ___ Yes ___ No
8. What is the typical gathering size? ___ Under 10 ___ More than 10
9. Do you have a budget for this project? If yes, \$_____.____ ___ No
10. Will you want ACI to do the installation for you? ___ Yes ___ No ___ Undecided

Kitchen:

(Answer only if remodeling a kitchen)

1. Where does your family normally take their meals?
 ___ Kitchen ___ Dining Room ___ Living Room ___ Other: _____
2. Will the remodel change where you eat? ___ If yes, where: _____
3. Other activities in the kitchen:
 ___ Laundry ___ Homework ___ Bill Paying ___ Other: _____
4. Will you need handicap accessible accommodations? ___ Yes ___ No

5. How will you use the new kitchen differently than your old kitchen?

6. Are there any other special requirements for the new kitchen?

7. Is this new construction or a remodel? _____
8. Will you want structural changes made to the room? ___ Yes ___ No



9. Indicate below what you are looking to change:

| | Want to Add | Want to Replace | Want to Remove | Keep As Is | Don't Have or Want It |
|--------------------|-------------|-----------------|----------------|------------|-----------------------|
| Cabinets | | | | | |
| Countertops | | | | | |
| Backsplash | | | | | |
| Island | | | | | |
| Flooring | | | | | |
| Sink(s)/Plumbing | | | | | |
| Faucet(s) | | | | | |
| Hardware | | | | | |
| Dishwasher | | | | | |
| Refrigerator | | | | | |
| Range | | | | | |
| Oven | | | | | |
| Hood | | | | | |
| Microwave | | | | | |
| Utility/Pantry | | | | | |
| Kitchen Table | | | | | |
| More Seating | | | | | |
| More Dry Storage | | | | | |
| More Food Storage | | | | | |
| More Counter Space | | | | | |
| Recycling Center | | | | | |
| Desk Area | | | | | |
| Bar Area | | | | | |
| Trim/Molding | | | | | |
| Other: | | | | | |
| Other: | | | | | |
| Other: | | | | | |
| Other: | | | | | |

10. What are your color preferences?

Light and Airy Dark and Warm Medium and Neutral Unsure
 Other: _____

11. What is your style preference for the new design?

Traditional Formal Country Contemporary Unsure

12. What do you like about this room now?

13. What do you dislike about this room now?

Bathroom:

(Answer only if remodeling a bathroom)

1. How many people will use this bathroom at a time? _____
2. Who will be using the bathroom?
 Adults Adult Male Only Adult Female Only Kids Guests
3. Where is the bath located? Master Bedroom Hall Powder Room Spare
4. Will you need handicap accessible accommodations? Yes No

5. How many sinks will you need? _____
6. What kind of sink do you prefer? Under Mount Integrated Vessel
 Other: _____
7. Are you replacing the tub or shower? If yes, which Tub Shower Both
8. Do you want the tub and shower: Separate Combined
9. What are some materials you'd like to use in your bathroom?
 Vanity Top: Marble Granite Quartz Solid Surface Laminate
 Shower Floor: Marble Granite Solid Surface Tile
 Shower Walls: Marble Granite Solid Surface Tile
 Tub Walls: Marble Granite Solid Surface Tile
 Flooring: Slate Granite Tile Wood Vinyl
10. What is your color preference for this bathroom?
 Light and Airy Dark and Warm Medium and Neutral Unsure
 Other: _____
11. What is your style preference for the new design?
 Traditional Formal Country Contemporary Unsure
12. Please Describe how you want your new bathroom to feel:

13. What do you like about this room now?

14. What do you dislike about this room now?

15. Indicate below what you are looking to change:

| | Want to Add | Want to Replace | Want to Remove | Keep As Is | Don't Have or Want It |
|---------------------------|-------------|-----------------|----------------|------------|-----------------------|
| Vanity/Cabinetry | | | | | |
| Countertop | | | | | |
| Linen Closet | | | | | |
| Walk-in Closet | | | | | |
| Make-up Area | | | | | |
| Sauna | | | | | |
| Sink(s) | | | | | |
| Faucet(s) | | | | | |
| Towel Bar/ Shelving | | | | | |
| Toilet | | | | | |
| Shower Surround | | | | | |
| Shower Door | | | | | |
| Bench Seat | | | | | |
| Shower Head | | | | | |
| Temp Controlled Faucet | | | | | |
| Body Sprays | | | | | |
| Hand Shower | | | | | |
| Rain Shower | | | | | |
| Whirlpool Tub | | | | | |
| Standard Tub | | | | | |
| Grab Bars | | | | | |
| Tile | | | | | |
| Flooring | | | | | |
| Ventilation | | | | | |
| Other: | | | | | |
| Other: | | | | | |
| Other: | | | | | |
| Other: | | | | | |

16. Are there any other special requirements for the new bathroom?
