

WATER CLOSET CHIC PROJECT QUESTIONNAIRE

First Name _____ Last Name _____

Phone Number _____ Email _____

Preferred Method of Contact Phone Email Location _____

Project Goals _____

How would you describe your style?

Traditional Transitional Modern Other _____

(Feel free to add your own words)

Type of Bath

Primary Bath Guest Bath Powder Bath Secondary or Kids Bath

Check Desired Tub

No Tub Floating Deck Mounted Alcove Specialty



Floating Tub



Deck Mounted



Alcove

Check Your Desired Shower Features

- One Shower Head
 Two Shower Heads
 Handheld
 Rain Head
 Body Sprays

Number and Type of Sinks

- 1 2
 Under Mount
 Vessel
 Pedestal

Type of Sinks Faucet

- Single Hole
 Wall Mounted
 Widespread



Under Mount Sink



Vessel Sink



Pedestal Sink



Single Hole



Widespread



Wall Mounted



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Number of Toilets

- 1 2

Bidet

- Yes No

Urinal

- Yes No

Storage Details. Tell us about your current storage and what you would like.

Vanity Doors

Vanity Drawers

Open Towels/Linens

Closed Towels/Linens

Medicine Cabinet Storage

Display Shelves

Ideal Budget _____

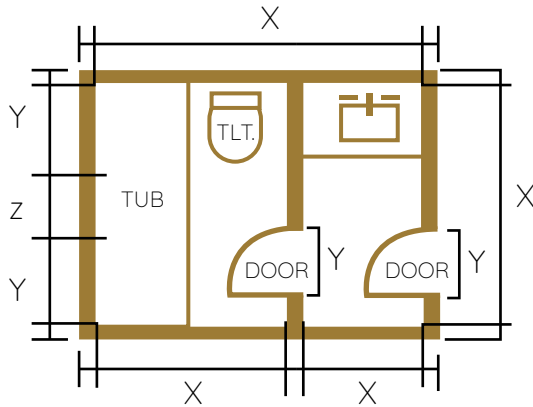
Any special requests? _____

Send us a link to your Pinterest Board or other Home Inspiration.
Have a sketch diagram? We'd love to see it. (Not required)

Existing Bathrooms - Sample Diagrams

X - WALLS | Y - DOORS | Z - WINDOWS

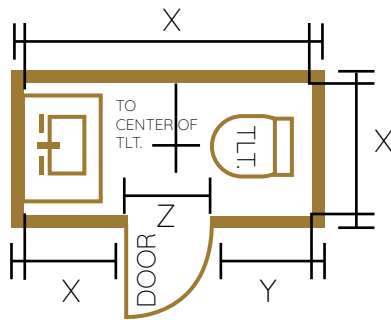
SECONDARY
BATH



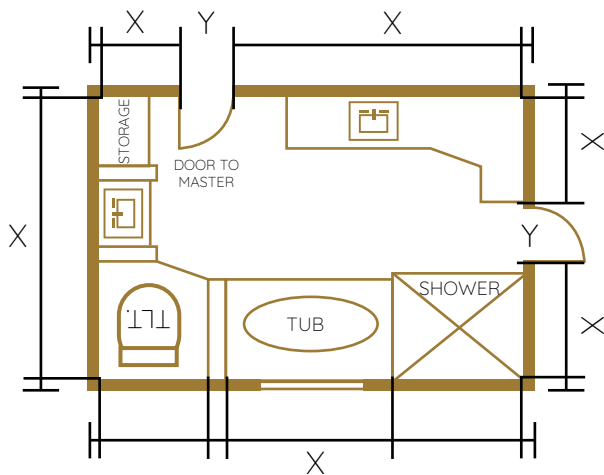
Goal

Overall measurements wall to wall and items we may not want to move. For example: the (main entry, any windows, plumbing for toilet. Don't forget about your ceiling heights!)

POWDER
BATH



MASTER
BATH



* May look complicated, but we just need overall dimensions and need to make a note of structures that can't move. (i.e. entry door, closet door, and toilets)