



GENERAL INFORMATION:

Name _____ Date _____

Address _____ City/ State/ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail _____

Industry Partners (Contractor/ Architect/ Designer) _____

How did you hear of Essence Design Studios? _____

Start or Completion date? _____

Age of home? _____ Style of home? _____

How long do you plan on living in this home? _____ What is your budget _____

DESIGN AND STYLE:

Style of new kitchen: Contemporary Traditional Transitional Rustic Other

Cabinet Finish Preference: _____ Wood Species: _____

Are you planning to make structural changes: (Windows, doors and walls) Yes No

Counter Top Preference _____ Backsplash Preference _____

Flooring Preference _____ Lighting Preference _____

Decorative Surfaces (walls, ceiling) Preference _____

STORAGE NEEDS:

- | | | |
|--|--|---|
| <input type="checkbox"/> Pantry | <input type="checkbox"/> Linen storage | <input type="checkbox"/> Roll out shelves |
| <input type="checkbox"/> Recycling center (sort) | <input type="checkbox"/> Lazy Susan | <input type="checkbox"/> Spice storage |
| <input type="checkbox"/> Silverware dividers | <input type="checkbox"/> Veggie storage | <input type="checkbox"/> Knife drawer |
| <input type="checkbox"/> Cookbook storage | <input type="checkbox"/> Bread bin | <input type="checkbox"/> Mixer shelf |
| <input type="checkbox"/> Tray storage | <input type="checkbox"/> Towel bar | <input type="checkbox"/> Glass doors |
| <input type="checkbox"/> Waste basket | <input type="checkbox"/> Open shelves | <input type="checkbox"/> Chopping block |
| <input type="checkbox"/> Bread board | <input type="checkbox"/> Tilt out sink front | <input type="checkbox"/> Appliance fronts |
| <input type="checkbox"/> Pull out table | <input type="checkbox"/> Drawer dividers | <input type="checkbox"/> Appliance garage |
| <input type="checkbox"/> Wine storage | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

FAMILY AND LIFESTYLE:

How many are in your household? _____ Ages? _____

Do you want to plan for more than one cook in your new kitchen? Yes No

What do you dislike about your current kitchen? _____

What do you like about your current kitchen? _____

Secondary activities you would like to have take place in kitchen: Eating Laundry
Wet Bar/Coffee Bar Hobbies Computer/Study Area Desk TV Seating area

Do you want an eat-in-kitchen? Yes No If yes: Seating for how many? _____

Table (size) _____ 30" high 36" high 42" high other _____

How do you entertain: Formal Informal Buffet Cocktail Bar-B-Que
Other _____

What size of gatherings would you like to accommodate? _____

Do you have any pets: Yes No

Type _____ How many _____

What special accommodations, if any, would you like to make? _____

COOKING STYLE:

Types of Cooking: Baking Gourmet Dishes Specialty cooking Canning
Family meals Quick & Simple Meals Catering Other _____

Small appliance storage: concealed on counter

Cooking Preference during entertaining: Alone Helper Group prep.

Are there any physical limitations you would like to plan for? Yes No

If so, what? _____

APPLIANCES AND FIXTURES:

	Reuse Existing	New	Brand Name/Model Number
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Range	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wall oven	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cooktop	<input type="checkbox"/>	<input type="checkbox"/>	_____
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hood	<input type="checkbox"/>	<input type="checkbox"/>	_____
Warming drawer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Steamer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wine Cooler	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ice Maker	<input type="checkbox"/>	<input type="checkbox"/>	_____
Beverage Center	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trash Compactor	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sink	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disposal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Faucet	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pot filler faucet	<input type="checkbox"/>	<input type="checkbox"/>	_____
Filter water faucet	<input type="checkbox"/>	<input type="checkbox"/>	_____
Soap dispenser	<input type="checkbox"/>	<input type="checkbox"/>	_____
Air Switch	<input type="checkbox"/>	<input type="checkbox"/>	_____
Prep Sink & Faucet	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Circle 3 words to describe your new kitchen: Some of our descriptive words...

Airy	Bold	Bright	Calming	Cheery	Classic	Clean	Comfortable
Colorful	Cool	Country	Cozy	Casual	Cluttered	Crisp	Contemporary
Dynamic	Dark	Different	Dramatic	Ethnic	Exotic	Energetic	Distinguished
Eclectic	Easy	Elegant	Exciting	Feminine	Formal	Fresh	Friendly
Grand	Fun	Gracious	Happy	Informal	Inviting	Light	Humorous
Lived-in	Open	Masculine	Modern	Natural	Personal	Pretty	Mysterious
Powerful	Quiet	Refreshing	Relaxing	Romantic	Rustic	Rich	Pampering
Sensual	Soft	Serene	Simple	Sparse	Stable	Stylish	Sophisticated
Striking	Warm	Tailored	Timeless	Tropical	Tranquil	Unique	Traditional
Vibrant	Wow	Whimsical	Youthful	Zen			