

Homeowner "Wish List"

Please take a few minutes to complete the following information—it will give your designer a better idea of the direction your project will take. For best results, use one form per room.

Let's start with some info about the design

What room are you planning?

- Kitchen Master Bath Office/Craft Room Guest Bath
 Family/Media Room Closet Laundry/Utility _____

What type of "feeling" would you like your new room to have?

- Strictly functional Formal Informal Traditional
 Sleek/Contemporary Rustic Family Retreat Personal design statement

Is the size of the existing space adequate? Yes No

If not, are you willing to move: Walls Windows/doors Sink/plumbing Electrical Gas

Briefly describe your project, to help us understand your goals for the finished space. (Bring along any pictures/magazines/websites that reflect your style.)

What is your proposed budget for this project?

- Under \$10,000 \$10,000 - \$15,000 \$15,000 - \$20,000 \$20,000 - \$25,000
 \$25,000 - \$30,000 \$30,000 - \$35,000 \$35,000 - \$40,000 Over \$40,000

Kitchen design and use: let us know what you would like to see more of, and how you use the space

- Baking sheets Bulk items Computer/printer Cookbooks Cutlery/flatware
 Oversized pots and/or pans Pet food/supplies Recycling/trash School supplies
 Serving items Spices Stand mixer Towels (hanging)

Small appliances: _____

Other _____

(continued on the next page)

List any other storage, functional or display areas you would like to have incorporated:

- Pantry cabinets Bar/wine storage Baking center Pull-out storage
 More counter space Open shelves Plate display racks Mantel-style hood
 Other _____

How many in your family? _____ How many people eat at the same time? _____

Where does your family eat most meals? Kitchen Dining Room Other _____

Will you need a sit-down eating area in the kitchen? Yes No

What other type of activities typically occur in your kitchen?

- Homework Hobbies/Crafts Office Work
 Other _____

Do you entertain frequently? Yes No

If yes, how often? _____ How many guests do you typically have? _____

The primary cook is: R Handed L Handed Height _____ Notes _____

Secondary cook is: R Handed L Handed Height _____ Notes _____

What type of cooking do you do?

- Everyday Gourmet Baking Canning Catering

Are there special needs to consider? Yes No

If yes, please describe: _____

Master Suite: Check off the items you would like to have special storage or display space for

- | Bathroom/Vanity | Closet/Dressing Area | Appliances | Other |
|--|---|---|--------------|
| <input type="checkbox"/> Bulk paper items | <input type="checkbox"/> Accessories | <input type="checkbox"/> Clothes washer/dryer | _____ |
| <input type="checkbox"/> Cleaning supplies | <input type="checkbox"/> Boots | <input type="checkbox"/> Ironing board/iron | _____ |
| <input type="checkbox"/> Cosmetics/Hair care | <input type="checkbox"/> Formal wear | <input type="checkbox"/> Clothing steamer | _____ |
| <input type="checkbox"/> Soiled laundry | <input type="checkbox"/> Linens | <input type="checkbox"/> Coffee maker | _____ |
| <input type="checkbox"/> Towels | <input type="checkbox"/> Luggage | <input type="checkbox"/> Microwave | _____ |
| <input type="checkbox"/> Waste basket | <input type="checkbox"/> Seasonal items | <input type="checkbox"/> Mini fridge | _____ |

Family/Media Room: Be sure to note size of media items in the Appliances section on the next page

- | Board games | Computer/printer | Appliances | Other |
|--|---|--------------------------------------|--------------|
| <input type="checkbox"/> Books/magazines | <input type="checkbox"/> Game console/games | <input type="checkbox"/> Flat Screen | _____ |
| <input type="checkbox"/> DVDs | <input type="checkbox"/> Throw blankets/pillows | <input type="checkbox"/> Mini fridge | _____ |
| <input type="checkbox"/> Collectibles | <input type="checkbox"/> Toys | <input type="checkbox"/> Microwave | _____ |

Office/Craft Room: Check off the items you would like to have special storage or display space for

- | | | | |
|---|---|---------------------------------------|-------|
| <input type="checkbox"/> Books/magazines | <input type="checkbox"/> Gift wrapping items | <input type="checkbox"/> Art supplies | Other |
| <input type="checkbox"/> DVDs | <input type="checkbox"/> Office supplies | Appliances | _____ |
| <input type="checkbox"/> Collectibles | <input type="checkbox"/> Scrapbooking | <input type="checkbox"/> Coffee maker | _____ |
| <input type="checkbox"/> Computer/printer | <input type="checkbox"/> Sewing machine | <input type="checkbox"/> Microwave | _____ |
| <input type="checkbox"/> Craft supplies | <input type="checkbox"/> Fabric/sewing supplies | <input type="checkbox"/> Mini fridge | _____ |

Laundry/Utility: Check off the items you would like to have ample storage for

- | | | | |
|---|--|--|-------|
| <input type="checkbox"/> Laundry supplies | <input type="checkbox"/> Cleaning supplies | <input type="checkbox"/> Household tools | Other |
| <input type="checkbox"/> Hangers | <input type="checkbox"/> Broom/dustpan | <input type="checkbox"/> Seasonal items | _____ |
| <input type="checkbox"/> Soiled laundry | <input type="checkbox"/> Vacuum cleaner | <input type="checkbox"/> Gardening items | _____ |
| <input type="checkbox"/> Ironing board/iron | <input type="checkbox"/> Waste basket | <input type="checkbox"/> Coats/hats/gloves | _____ |
| <input type="checkbox"/> Clothes steamer | <input type="checkbox"/> Recycling center | <input type="checkbox"/> Shoes/boots | _____ |
| <input type="checkbox"/> Towels | <input type="checkbox"/> Bulk items | <input type="checkbox"/> Sports equipment | _____ |
| <input type="checkbox"/> Folding area | <input type="checkbox"/> Pet food/supplies | <input type="checkbox"/> School supplies | _____ |

Additional "Wish List" items: Let us know what other items you would like to see in your design

Desired Look or Function:

Description of Item:

It is important for us to know how much space the appliances will take, and how the doors will open. If have made appliance selections, please provide the information below:

Appliance	Brand/Model #	Appliance	Brand/Model #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Tell us about any selections you may have made

What type of finish do you want your cabinets to have? Feel free to select more than one:

- Stained Wood
- Painted
- Blend of Finishes
- Glazed/Highlighted
- High Gloss
- Matte/Lo-Luster
- Wood-look
- Metallic
- Other (Please describe) _____

List any wood species, door style and finish selections you may have made from the CC website:

Primary species/material: _____ Secondary species/material: _____

Primary door style: _____ Secondary door style: _____

Finish and enhancements: _____

Notes, comments, additional descriptions of your project

Be sure to visit the photo gallery at www.canyoncreek.com for ideas and inspiration! You'll also find door style photos, plus pictures and information about available wood species, materials, colors and more...