CUSTOMER:

_____

CABINETS:

Floor-to-ceiling: _____

Floor under cabinets: _____

Bulkhead: Yes ☐ H_____ D _____

W_____

No ☐

Above window to ceiling: _____

Sink Center: _____

Pipe: _____

Stove Center: _____

Hood: ☐ Fan ☐ Microwave

Stove: ☐ Range W _____

☐ Cooktop W _____

Refrigerator: H _____ W _____

Microwave: H _____ W _____

Dishwasher: Yes ☐ W _____

No ☐

Other appliance: H _____ W _____

COUNTERTOP:

Sink Center ☐ _____

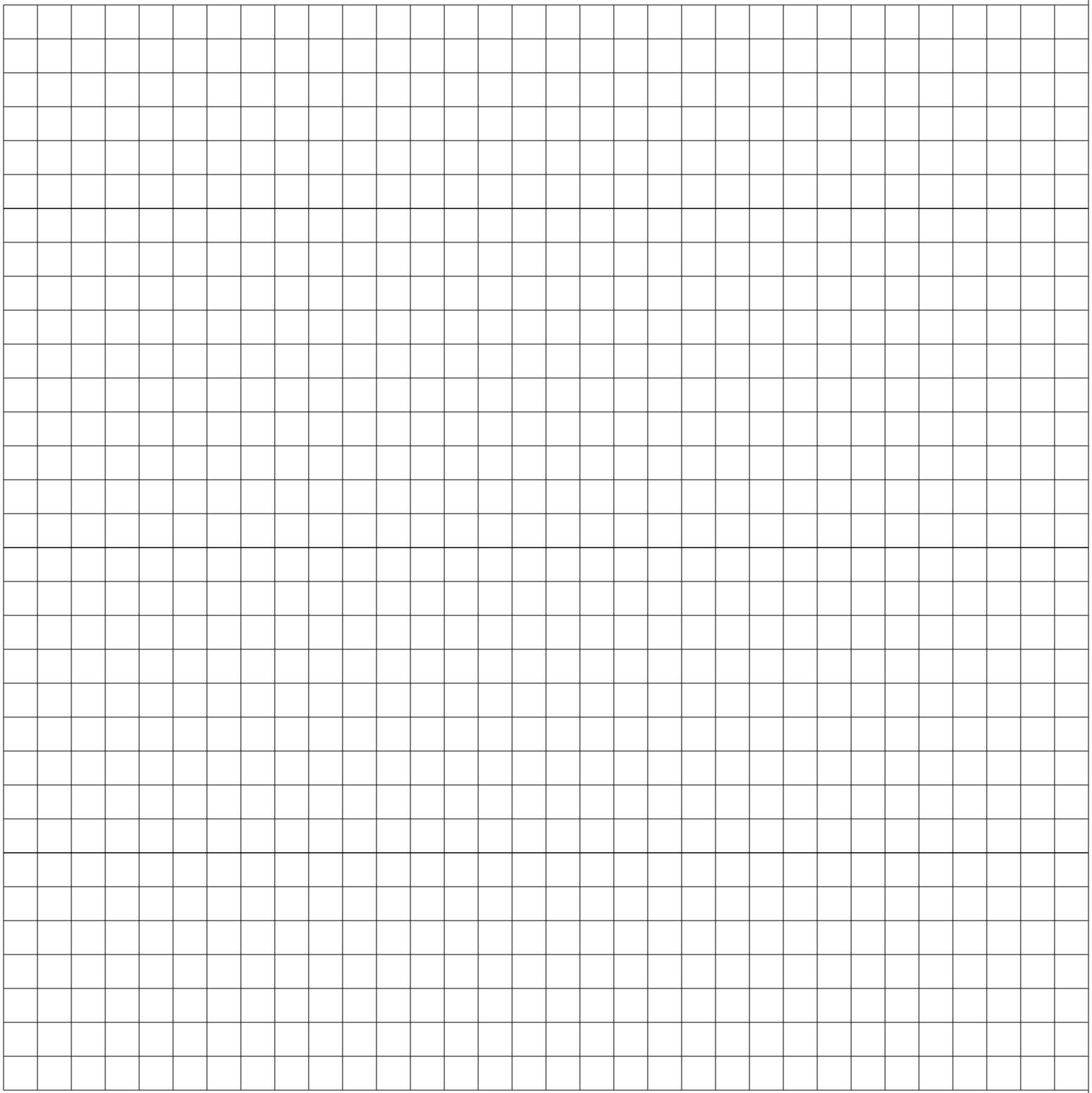
Countertop Depth ☐ _____

Overhangs ☐ _____

☐ Range slide-in _____

☐ Cooktop cut out _____

Back Splash: N☐ Y☐ H_____

Faucet : _____

Soap dispenser: _____