



WHAT YOU NEED TO KNOW! Kitchen Measure Form

Customer Name: _____

Appointment Date & Time _____

Address: _____

Measure Date & Time _____

City, State, Zip: _____

Measurer Name _____

Home Phone: _____

Cell Phone _____

Existing Construction of Home:

Existing Structure New Existing Age of Home: _____ years

Foundation Type Basement Slab Raised

Exterior Wall Covering Wood Brick Stone Plaster

Electrical Service Location _____ Photograph

Existing Kitchen Area Details:

Interior Wall Construction Drywall Plaster Other: _____

Interior Wall Coverings Paint Wallpaper Other: _____

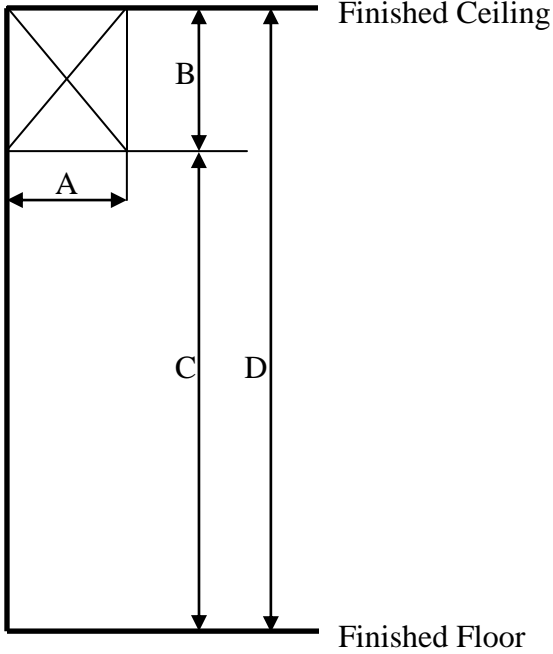
Room/area above kitchen: _____ Room/area below kitchen: _____

Existing floor material: _____

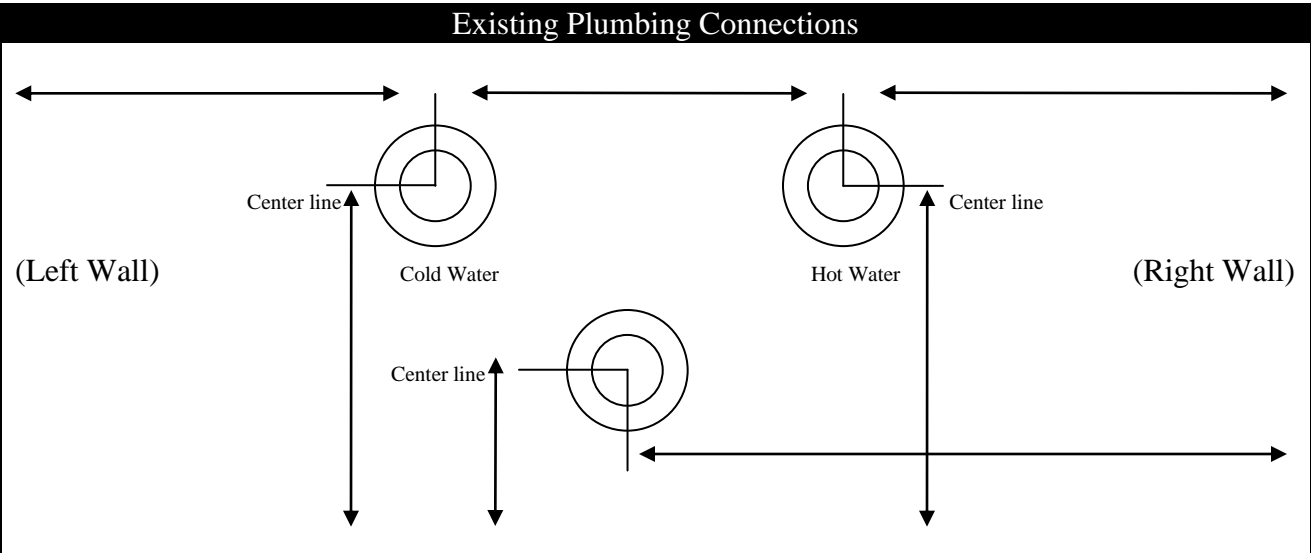
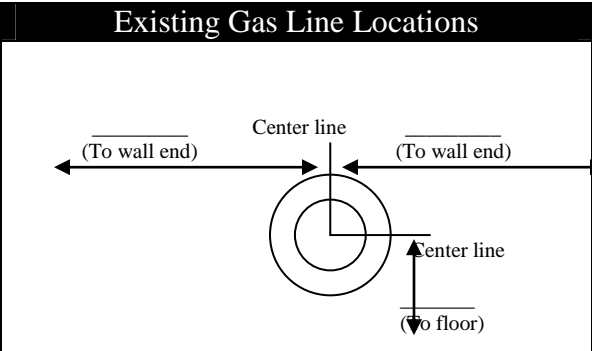
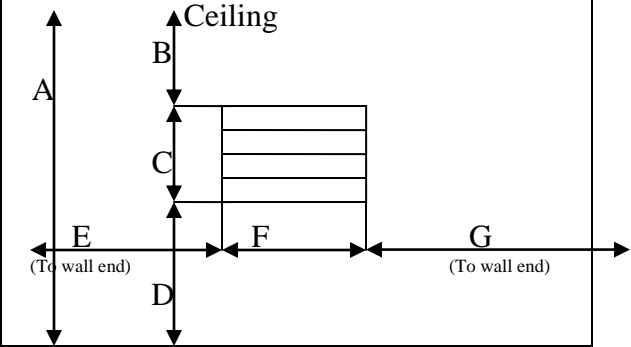
Existing base cabinet depth: _____ Existing toe kick depth: _____

Check floor/walls for level & variation Check corner walls for 90 degree/square

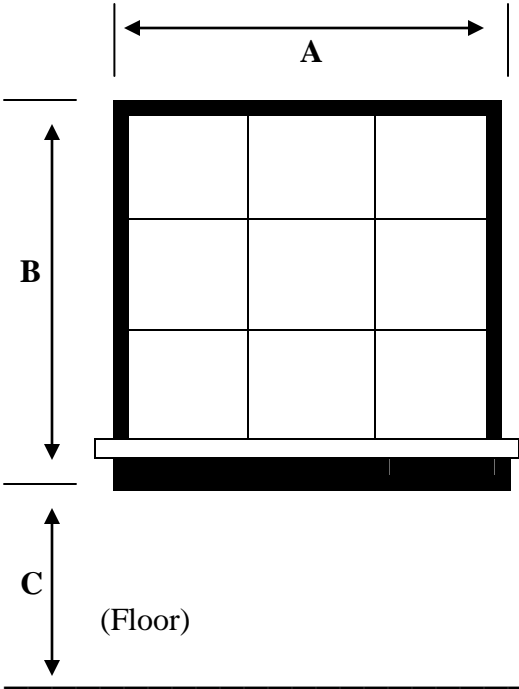
Existing Soffit Construction		
A	Soffit Depth	
B	Soffit Height	
C	Floor to soffit clearance	
D	Ceiling height after AFF	



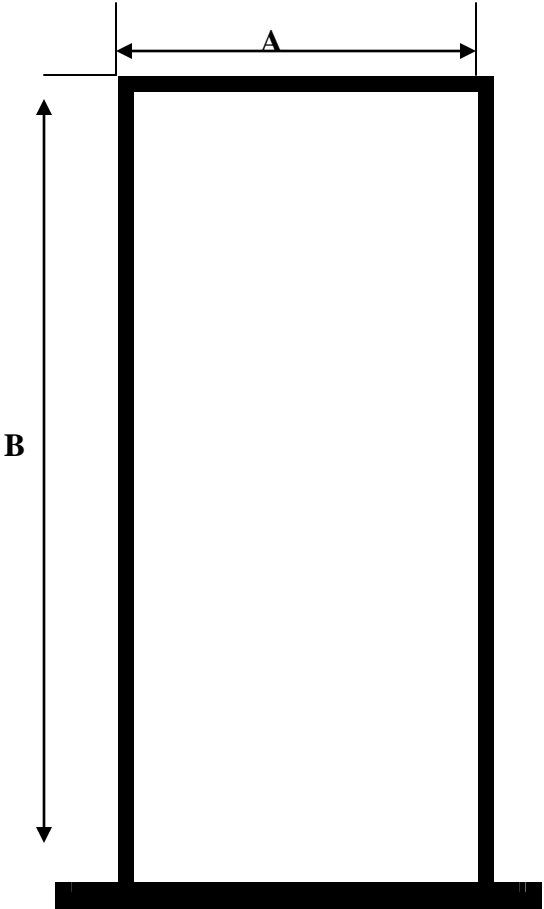
Existing HVAC Registers/Fans							
	A	B	C	D	E	F	G
1							
2							
3							



Windows & Doors



Windows	A	B	C	D
Window #1				
Window #2				
Window #3				
Window #4				



Doors	A	B
Door #1		
Door #2		
Door #3		
Door #3		

Existing Floor Plan Details (check when included on sketch)

Note: All dimensions to be recorded in inches

- Walls with dimensions (in inches)
- Window and door locations with dimensions (numbered)
- Existing soffit locations (indicated by a dotted line)
- Ceiling height (measure in 3 locations)
- Location of all existing appliances and fixtures
- Plumbing centerlines (sink, water supplies, drain)
- Gas line centerlines
- Electrical components (standard 110V outlets, GFCI outlets, 220V outlets, television cable outlets, phone jacks, switches, light fixtures)
- HVAC components (vents, return air grills, heat units)
- Adjacent rooms identified
- North/South orientation of the room
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-

Photographs of Existing Area

- Plumbing under sink
- Electrical service
- Existing soffits
- Unusual circumstances

Existing Appliances	Height	Width	Depth	Manufacturer	Model Number
Refrigerator					
Freezer					
Range					
Single Wall Oven					
Double Wall Oven					
Cooktop					
Warming Drawer					
Dishwasher					
Compactor					
Exhaust Hood					
Microwave (countertop)					
Microwave (built in)					
Under Counter					
Washer					
Dryer					

0	0	1'	2'	3'	4'	5'	6'	7'	8'	9'	10'	11'	12'	13'	14'	15'	16'	17'	18'	19'	20'	21'	22'	23'	24'	25'	
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Name _____

Address _____

City _____

State _____