



Panda Home Improvement LLC

Full Service Remodeling Interior and Exterior

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Office #: 262-505-6262

Master Bedroom:

Customer Name: _____
Address: _____
City: _____
Phone Number: _____
Email Address: _____

Budget for project: \$ _____
Desired Completion Date: _____

Master Bedroom:

Specifics:

Room Dimensions: _____ X _____ = SF

Current SF: _____

Desired SF: _____

Ceiling Height: _____

Do you have a plan or drawing of the room?

Who will pull the necessary permits?

Goal for remodel:

Room Dimensions: _____ X _____ = SF

Current Square Footage: _____

Desired Square Footage: _____

Ceiling Height: _____

Master Bedroom Lighting:

Quantity: _____ Type: _____ Other: _____

Manufacturer and Source: _____

Exhaust fan with or without light? _____

Master Bedroom Other Electrical:

Outlets:

How many currently? _____ More needed? _____

Switches:

Need to be removed? _____ Dimmer switches? _____

Switch plate covers:

How many single outlet covers? _____ Color: _____

Other: _____

How many single light switch covers? _____ Color: _____

Other: _____

Master Bedroom Flooring:

Material Type: _____ Color: _____

Square Footage: _____ Grout color is using tile: _____

Baseboard Type: _____ Square Footage: _____

Master Bedroom Walls and Ceiling:

Wall Paint Color: _____ Brand/Sheen: _____

Ceiling Paint Color: _____ Brand/Sheen: _____

What type of wall finish or texture? _____

Master Bedroom Windows:

New Windows Needed? _____ Size: _____

Brand: _____ Manufacturer: _____

Number of windows: _____ Color: _____

Make or model: _____

Casings: _____ Type: _____ Profile: _____

Master Bedroom Doors:

◦ Are new doors needed? _____ How many? _____

Type: _____ Size: _____

◦ Are new knobs needed? _____ How many? _____

Type: **Knob** **Lever** Finish: _____ Size: _____

◦ Are new hinges needed? _____ How many? _____

Shape: _____ Finish: _____ Size: _____