



# Panda Home Improvement LLC

## Full Service Remodeling Interior and Exterior

3725 N 126th St Unit B Brookfield WI 53005  
pandahomeimprovement@gmail.com pandahomeonline.com  
Office #: 262-505-6262

### Kitchen:

Customer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

<b>Budget for project:</b> \$ _____
<b>Desired Completion Date:</b> _____

### Room 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?

### Kitchen Specifics:

Goal for remodel:  
Room Dimensions: \_\_\_\_\_ X \_\_\_\_\_ = SF  
Current Square Footage: \_\_\_\_\_  
Desired Square Footage: \_\_\_\_\_  
Ceiling Height: \_\_\_\_\_

Do you have a plan or drawing of the room?

Who will pull the necessary permits?

### Kitchen Cabinets and Storage:

Door Style: \_\_\_\_\_  
Wood type and color: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
How many doors: \_\_\_\_\_ and cabinet door knobs: \_\_\_\_\_  
How many drawers: \_\_\_\_\_ and drawer pulls: \_\_\_\_\_

**Kitchen Sinks:**

How many sinks: \_\_\_\_\_ Color and finish: \_\_\_\_\_

Make and Model: \_\_\_\_\_

Type: \_\_\_\_\_ Other: \_\_\_\_\_

**Kitchen Faucets:**

Mount: \_\_\_\_\_ Metal Finish: \_\_\_\_\_

Handles: \_\_\_\_\_ Other: \_\_\_\_\_

Make and Model: \_\_\_\_\_

**Kitchen Countertops:**

Material: \_\_\_\_\_ Color/Sheen: \_\_\_\_\_

Edge Detail: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Backsplash Material: \_\_\_\_\_ Height: \_\_\_\_\_

**Kitchen Lighting:**

Quantity: \_\_\_\_\_ Type: \_\_\_\_\_ Other: \_\_\_\_\_

Manufacturer and Source: \_\_\_\_\_

Exhaust fan with or without light? \_\_\_\_\_

**Other Kitchen 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: \_\_\_\_\_

**Kitchen Flooring:**

Material Type: \_\_\_\_\_ Color: \_\_\_\_\_

Square Footage: \_\_\_\_\_ Grout color is using tile: \_\_\_\_\_

Baseboard Type: \_\_\_\_\_ Square Footage: \_\_\_\_\_

**Kitchen Walls and Ceiling:**

Wall Paint Color: \_\_\_\_\_ Brand/Sheen: \_\_\_\_\_

Ceiling Paint Color: \_\_\_\_\_ Brand/Sheen: \_\_\_\_\_

What type of wall finish or texture? \_\_\_\_\_

**Kitchen Windows:**

New Windows Needed? \_\_\_\_\_ Size: \_\_\_\_\_

Brand: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Number of windows: \_\_\_\_\_ Color: \_\_\_\_\_

Make or model: \_\_\_\_\_

Casings: \_\_\_\_\_ Type: \_\_\_\_\_ Profile: \_\_\_\_\_

**Kitchen Doors:**

◦ Are new doors needed? \_\_\_\_\_ How many? \_\_\_\_\_

Type: \_\_\_\_\_ Size: \_\_\_\_\_

◦ Are new knobs needed? \_\_\_\_\_ How many? \_\_\_\_\_

Type: \_\_\_\_\_ Finish: \_\_\_\_\_ Size: \_\_\_\_\_

◦ Are new hinges needed? \_\_\_\_\_ How many? \_\_\_\_\_

Shape: \_\_\_\_\_ Finish: \_\_\_\_\_ Size: \_\_\_\_\_



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## Additional Bedrooms For Additions:

Customer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

<b>Budget for project:</b> \$ _____
<b>Desired Completion Date:</b> _____

### Bedroom #2:

Goal for remodel:            **Update**            **Add Space**            **Improve Function**  
Room Dimensions: \_\_\_\_\_ X \_\_\_\_\_ = SF  
Current Square Footage: \_\_\_\_\_  
Desired Square Footage: \_\_\_\_\_  
Ceiling Height: \_\_\_\_\_  
Do you have a plan or drawing of the room?            **YES**    **NO**  
Who will pull the necessary permits?            **US**    **YOU**

### Bedroom #2 Lighting:

Quantity: \_\_\_\_\_ Type:    **Vanity** **Pendant** **Sconce** **Other:** \_\_\_\_\_  
                 **Halogen**    **Xenon**            **Flourescent**            **Incandescent**            **LED**  
Manufacturer and Source: \_\_\_\_\_  
Exhaust fan with our without light? \_\_\_\_\_

### Other Bedroom #2 Electrical:

#### Outlets:

How many currently? \_\_\_\_\_ More needed?            **YES**    **NO**            \_\_\_\_\_

#### Switches:

Need to be removed?            **YES**    **NO**            Dimmer switches?            **YES**    **NO**

#### Switch plate covers:

How many single outlet covers? \_\_\_\_\_ Color: \_\_\_\_\_

Other: \_\_\_\_\_

How many single light switch covers? \_\_\_\_\_ Color: \_\_\_\_\_

Other: \_\_\_\_\_

### Bedroom #2 Flooring:

Material Type: \_\_\_\_\_ Color: \_\_\_\_\_

Square Footage: \_\_\_\_\_ Grout color is using tile: \_\_\_\_\_

Baseboard Type: \_\_\_\_\_ Square Footage: \_\_\_\_\_

### Bedroom #2 Walls and Ceiling:

Wall Paint Color: \_\_\_\_\_ Brand/Sheen: \_\_\_\_\_  
Ceiling Paint Color: \_\_\_\_\_ Brand/Sheen: \_\_\_\_\_  
What type of wall finish or texture? \_\_\_\_\_

### Bedroom #2 Windows:

New Windows Needed? **YES NO** Size: \_\_\_\_\_  
Brand: \_\_\_\_\_ Manufacturer: \_\_\_\_\_  
Number of windows: \_\_\_\_\_ Color: \_\_\_\_\_  
Make or model: \_\_\_\_\_  
Casings: **YES NO** Type: \_\_\_\_\_ Profile: \_\_\_\_\_

### Bedroom #2 Doors:

- Are new doors needed? **YES NO** How many? \_\_\_\_\_  
Type: \_\_\_\_\_ Size: \_\_\_\_\_
- Are new knobs needed? **YES NO** How many? \_\_\_\_\_  
Type: **Knob Lever** Finish: \_\_\_\_\_ Size: \_\_\_\_\_
- Are new hinges needed? **YES NO** How many? \_\_\_\_\_  
Shape: \_\_\_\_\_ Finish: \_\_\_\_\_ Size: \_\_\_\_\_

### Bedroom #3:

Goal for remodel: **Update Add Space Improve Function**  
Room Dimensions: \_\_\_\_\_ X \_\_\_\_\_ = SF  
Current Square Footage: \_\_\_\_\_  
Desired Square Footage: \_\_\_\_\_  
Ceiling Height: \_\_\_\_\_  
Do you have a plan or drawing of the room? **YES NO**  
Who will pull the necessary permits? **US YOU**

### Bedroom #3 Lighting:

Quantity: \_\_\_\_\_ Type: **Vanity Pendant Sconce Other:** \_\_\_\_\_  
**Halogen Xenon Fluorescent Incandescent LED**  
Manufacturer and Source: \_\_\_\_\_  
Exhaust fan with or without light? \_\_\_\_\_

### Other Bedroom #3 Electrical:

#### Outlets:

How many currently? \_\_\_\_\_ More needed? **YES NO** \_\_\_\_\_

#### Switches:

Need to be removed? **YES NO** Dimmer switches? **YES NO**

#### Switch plate covers:

How many single outlet covers? \_\_\_\_\_ Color: \_\_\_\_\_  
Other: \_\_\_\_\_  
How many single light switch covers? \_\_\_\_\_ Color: \_\_\_\_\_  
Other: \_\_\_\_\_

**Bedroom #3 Flooring:**

Material Type: \_\_\_\_\_ Color: \_\_\_\_\_  
Square Footage: \_\_\_\_\_ Grout color is using tile: \_\_\_\_\_  
Baseboard Type: \_\_\_\_\_ Square Footage: \_\_\_\_\_

**Bedroom #3 Walls and Ceiling:**

Wall Paint Color: \_\_\_\_\_ Brand/Sheen: \_\_\_\_\_  
Ceiling Paint Color: \_\_\_\_\_ Brand/Sheen: \_\_\_\_\_  
What type of wall finish or texture? \_\_\_\_\_

**Bedroom #3 Windows:**

New Windows Needed? **YES** **NO** Size: \_\_\_\_\_  
Brand: \_\_\_\_\_ Manufacturer: \_\_\_\_\_  
Number of windows: \_\_\_\_\_ Color: \_\_\_\_\_  
Make or model: \_\_\_\_\_  
Casings: **YES** **NO** Type: \_\_\_\_\_ Profile: \_\_\_\_\_

**Bedroom #3 Doors:**

- Are new doors needed? **YES** **NO** How many? \_\_\_\_\_  
Type: \_\_\_\_\_ Size: \_\_\_\_\_
- Are new knobs needed? **YES** **NO** How many? \_\_\_\_\_  
Type: **Knob** **Lever** Finish: \_\_\_\_\_ Size: \_\_\_\_\_
- Are new hinges needed? **YES** **NO** How many? \_\_\_\_\_  
Shape: \_\_\_\_\_ Finish: \_\_\_\_\_ Size: \_\_\_\_\_