

524-3457  
524-3464  
Fax 524-3464

*Kitchen Gallery*  
Design Survey Form

1034 Woodland Avenue  
Division of  
Jack Cunningham Builders

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Work Phone \_\_\_\_\_

Building New Home \_\_\_\_\_ Remodeling \_\_\_\_\_ Contractor \_\_\_\_\_

Cabinet Allowance \_\_\_\_\_ Approximate Value of Present Home \_\_\_\_\_

1. How many people are in your household? Adults \_\_\_\_ Teens \_\_\_\_ Children \_\_\_\_ Pets \_\_\_\_ Total \_\_\_\_\_

2. Are you right handed? \_\_\_\_\_ Left Handed? \_\_\_\_\_ How tall? \_\_\_\_\_

3. What type of heat do you have? \_\_\_\_\_ Crawl space or finished basement under kitchen area \_\_\_\_\_

4. Are the walls plaster? \_\_\_\_\_ Dry Wall? \_\_\_\_\_ Other? \_\_\_\_\_

5. Is your floor covering Vinyl? \_\_\_\_\_ Tile? \_\_\_\_\_ Wood? \_\_\_\_\_

Do you plan a new floor covering? \_\_\_\_\_ Kind? \_\_\_\_\_

6. Are your windows cased? \_\_\_\_\_

7. Do you have adequate wiring? \_\_\_\_\_ Outlets? \_\_\_\_\_

8. Do you have a separate dining area? \_\_\_\_\_ Size \_\_\_\_\_

9. What is the ceiling height of your kitchen? \_\_\_\_\_

10. What are the particular problems with your present kitchen? \_\_\_\_\_

11. Do you like to Cook? \_\_\_\_\_ Bake? \_\_\_\_\_ Gourmet Dishes? \_\_\_\_\_

12. Specialty Cooking? \_\_\_\_\_ Canning? \_\_\_\_\_ More than one cook? \_\_\_\_\_

Who? \_\_\_\_\_ Height? \_\_\_\_\_

13. Do you entertain frequently? \_\_\_\_\_ Formally? \_\_\_\_\_ Informally? \_\_\_\_\_

14. What secondary activities will take place in your kitchen area? \_\_\_\_\_

- |                                      |                                  |   |
|--------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Eating      | <input type="checkbox"/> Wet Bar | <input type="checkbox"/> Planning Desk  |
| <input type="checkbox"/> Study Area  | <input type="checkbox"/> Laundry | <input type="checkbox"/> Recycling      |
| <input type="checkbox"/> Sewing      | <input type="checkbox"/> Hobbies | <input type="checkbox"/> Growing Plants |
| <input type="checkbox"/> Other _____ |                                  |   |

15. Type of eating area desired (bar, table, etc.) \_\_\_\_\_ Table size and shape \_\_\_\_\_

Number normally served at one time \_\_\_\_\_

16. What is your cycle of shopping for food? Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Daily \_\_\_\_\_ Monthly \_\_\_\_\_

17. Do you purchase any products in bulk? \_\_\_\_\_ Quantity \_\_\_\_\_

18. Where do you presently store your food and canned goods? \_\_\_\_\_

19. Where do you presently store tall cleaning and ironing equipment? \_\_\_\_\_

20. Specialized storage desired?

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Pantry                 | <input type="checkbox"/> Linen Storage  | <input type="checkbox"/> Vegetable Storage | <input type="checkbox"/> Bulk Storage     |
| <input type="checkbox"/> Small Appliance Center | <input type="checkbox"/> Rollouts       | <input type="checkbox"/> Hostess Cart      | <input type="checkbox"/> Towel Bar        |
| <input type="checkbox"/> Cutlery Dividers       | <input type="checkbox"/> Lazy Susan     | <input type="checkbox"/> Vertical Storage  | <input type="checkbox"/> Special Articles |
| <input type="checkbox"/> Cookbook Storage       | <input type="checkbox"/> Spice Storage  | <input type="checkbox"/> Extra Breadboard  | <input type="checkbox"/> Other            |
| <input type="checkbox"/> Trav Storage           | <input type="checkbox"/> Bottle Storage | <input type="checkbox"/> Wine Rack         | <input type="checkbox"/> Other            |

