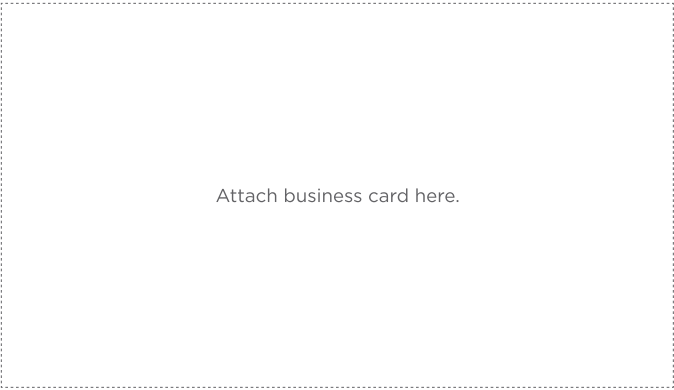


**innovations**  
KITCHEN & BATH BY VP

## BATH PLANNING GUIDE

Every great design project begins with a great plan. Whether you're starting a remodeling project or creating an entirely new space, success will depend largely on quality preparation. Making correct measurements, optimizing layout, determining budget, and placing an accurate order are all important steps in the planning process. We're here to help. Your design consultant will help produce a space that reflects your vision, needs and preferences. This bath planning guide provides the framework for collaboration and creativity with the ultimate goal of crafting a space that will inspire and delight.



Attach business card here.

### PLANNING YOUR VISIT

Before your initial consultation, please complete this Bath Planning Guide (as much as possible). If you are building a new house or adding a major addition you will most likely have scaled blueprints or drawings from your architect or builder. Make sure to bring those along. If you are remodeling, we ask that you take some basic measurements to allow us to prepare a preliminary quote. The lengths of the major walls, locations of doors and windows (don't forget to include the trim in your measurements), ceiling height, and any other major features are important as well.

### BUDGET

Many people are hesitant to discuss their budget, but it is vital information for the planning process. Our designers will work hard to give you the bathroom you want at a price you're comfortable with.

### INITIAL CONSULTATION

You should plan on around 1-2 hours for this first meeting. Your designer will give you a tour of the showroom and tell you about the different fixture lines we carry. We will review all of the information and ask questions about you, your household and how you use the bathroom and surrounding areas. We will also talk about scheduling; how long your fixtures will take to arrive, and approximately how long the installation might take. (Note: always budget some extra time for the unexpected.)

## MY CONTACT INFORMATION

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

## CONTRACTOR

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

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

## PROJECT TYPE

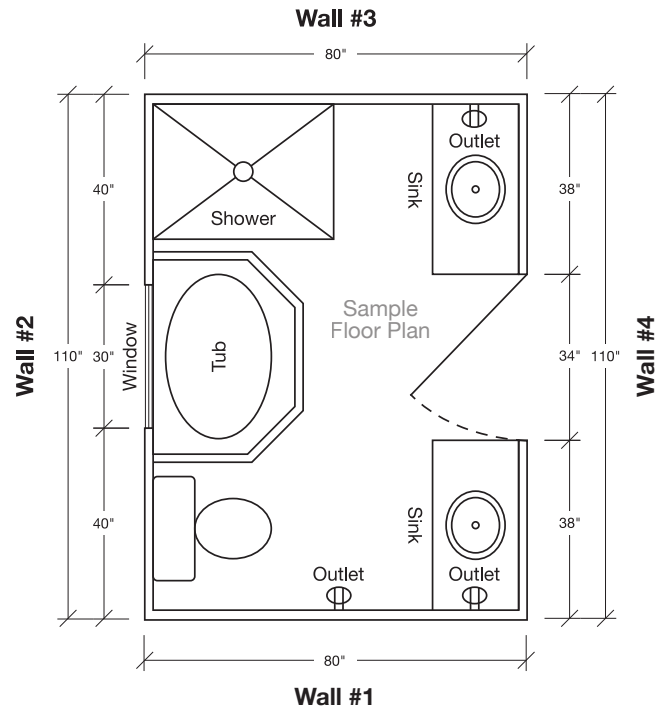
Remodel  New Construction

# MEASURING YOUR SPACE

A floor plan of your current space—even just a rough sketch—is a useful tool in the design process. Use these tips and the grid provided on page 3 to create a scaled version of your bathroom’s floor plan.

## TIPS FOR CREATING A FLOOR PLAN

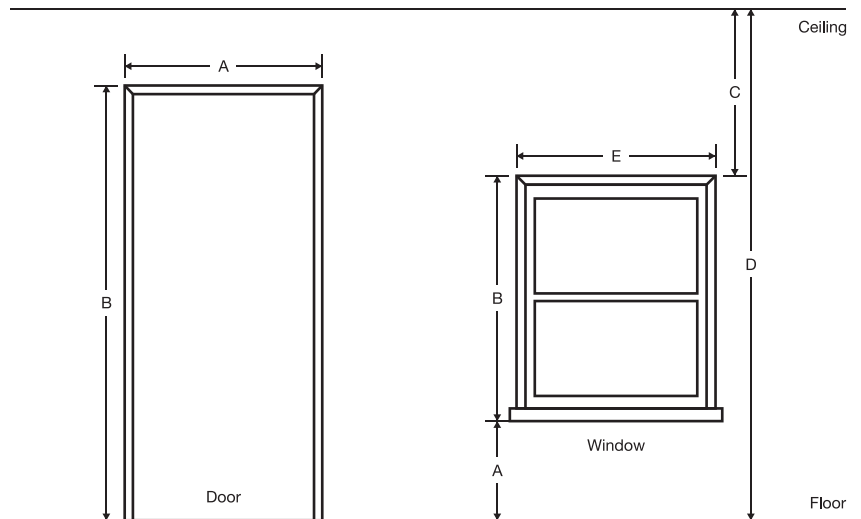
- When drawing your floor plan, use a pencil so changes can be made if necessary.
- All measurements should be made, and recorded, in inches.
- Be sure to make note of all important fixtures and utilities, such as lighting or plumbing. Also include dimensions of these, if applicable.
- Record the location of electrical outlets, switches, and heating vents.
- Include the location of all the windows and doors in your space. Be sure to note the dimensions of each.
- Include the location and size of all existing appliances.
- Indicate which way doors swing, and into what rooms.
- Note any breaks in walls or any obstructions that could have an effect on the design or layout of your space.
- Identify ceiling height and indicate any transitions, soffits and/or vents.
- Measurements of doors and windows should be from the outside edges, trim to trim.



# MEASUREMENTS

Please measure your windows and doors to fill out the following charts.

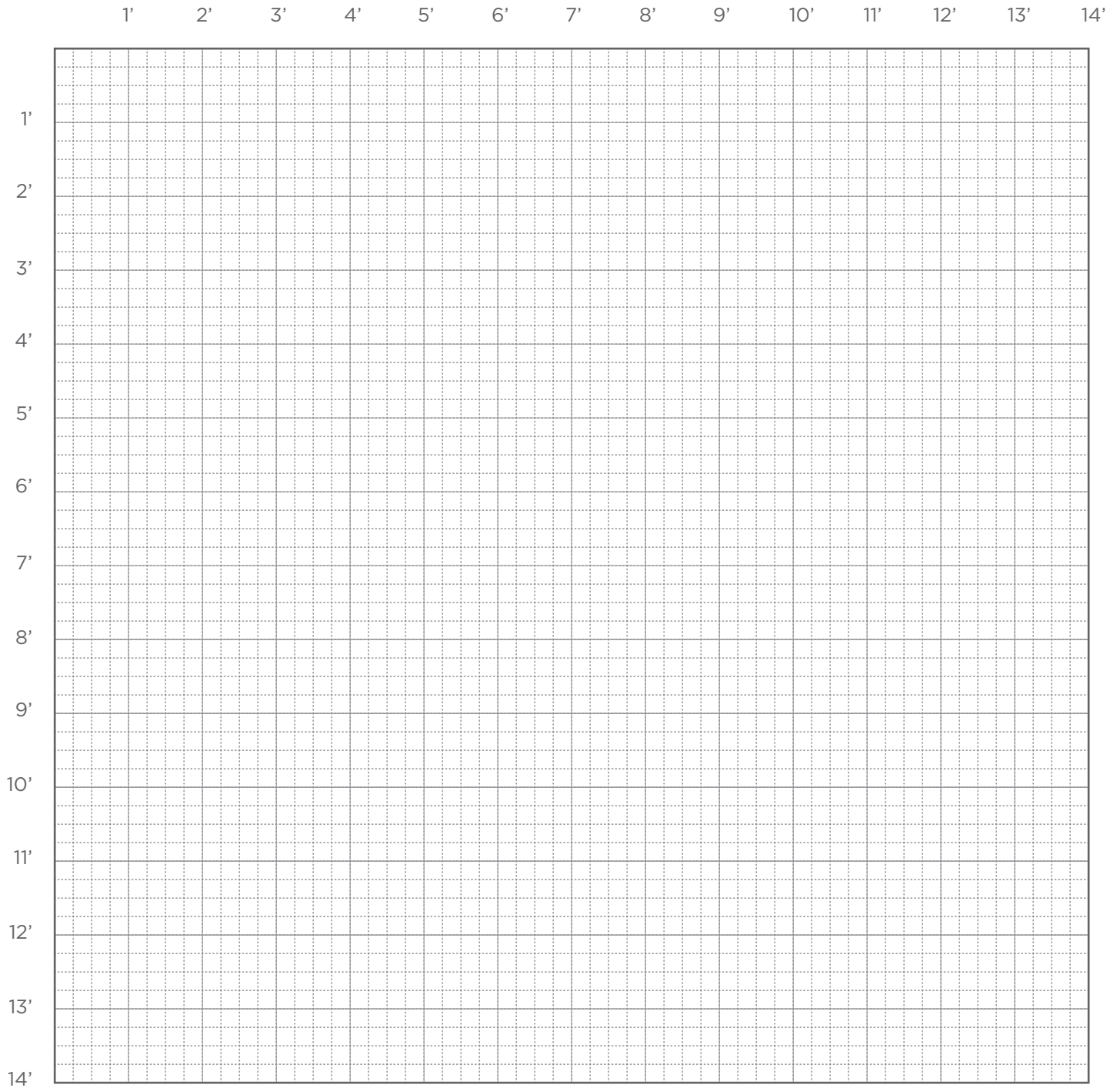
	MEASUREMENT A WIDTH OF DOOR	MEASUREMENT B HEIGHT OF DOOR
Door 1		
Door 2		
Door 3		
Door 4		



	MEASUREMENT A FLOOR TO UNDERSIDE OF WINDOW SILL	MEASUREMENT B UNDERSIDE OF WINDOW SILL TO TOP OF WINDOW MOLDING	MEASUREMENT C TOP OF WINDOW MOLDING TO CEILING	MEASUREMENT D FLOOR TO CEILING	MEASUREMENT E WINDOW WIDTH FROM OUTSIDE MOLDING TO OUTSIDE MOLDING
Window 1					
Window 2					
Window 3					
Window 4					

# MY FLOOR PLAN

Use the grid provided to create a sketch of your current bathroom's floor plan.  
Scale: 1/2" is equal to one foot. Each small square is equal to three inches.



## NOTES

## HOW WILL YOU USE THE SPACE?

Answer the following questions to get a better idea of how your space will be used.

How many people will regularly use this space? \_\_\_\_\_

Does your family have any special needs that might inform how the space is used? \_\_\_\_\_

## PLANNING YOUR SPACE

Answer the following questions to get a better idea of the type of space you would like to create.

What are the favorite parts of your current bathroom?  
\_\_\_\_\_

What are the least favorite parts of your current bathroom?  
\_\_\_\_\_

Is this a master bathroom? Full bath? Half bath? Other?  
\_\_\_\_\_

Is there flexibility for sink placement? \_\_\_\_\_

Is there flexibility for shower placement? \_\_\_\_\_

Is there flexibility for tub placement? \_\_\_\_\_

Is there flexibility for toilet placement? \_\_\_\_\_

What other things would you like in your new bathroom?  
\_\_\_\_\_

On what floor is your bathroom located? \_\_\_\_\_

What is your bathroom's ceiling height? \_\_\_\_\_

Are there structural issues to be considered? \_\_\_\_\_

Will the location of doors or windows be changed? \_\_\_\_\_

## CURRENT FLOOR CONSTRUCTION

Please select the appropriate box.

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Tile     | <input type="checkbox"/> Cement       |
| <input type="checkbox"/> Hardwood | <input type="checkbox"/> Carpet       |
| <input type="checkbox"/> Vinyl    | <input type="checkbox"/> Other: _____ |

Will you be changing the floors? \_\_\_\_\_

If yes, to what material? \_\_\_\_\_

## APPROXIMATE BUDGET

Please select the most realistic budget for your project.

- |  |  |
|--|--|
| <input type="checkbox"/> Under \$5,000       | <input type="checkbox"/> \$30,000 - \$35,000 |
| <input type="checkbox"/> \$5,000 - \$10,000  | <input type="checkbox"/> \$35,000 - \$40,000 |
| <input type="checkbox"/> \$10,000 - \$15,000 | <input type="checkbox"/> \$40,000 - \$45,000 |
| <input type="checkbox"/> \$15,000 - \$20,000 | <input type="checkbox"/> \$45,000+           |
| <input type="checkbox"/> \$25,000 - \$30,000 |  |

## WHAT INSPIRES YOU?

We recommend creating a project file to assist you in making your ideas a reality. Photographs of inspiring bathrooms, design ideas, color samples, paint chips, fabric swatches and material samples are all a great way to get started. Bring this with you to your appointment so your design consultant can help you find the right products to fit your style and budget.

## YOUR STYLE

Please select the description that most closely aligns with the vision you have for your new space.

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Contemporary | Modern, streamlined, chic.         |
| <input type="checkbox"/> Traditional  | Classic, timeless, refined.        |
| <input type="checkbox"/> Eclectic     | Personal, distinct, mix-and-match. |
| <input type="checkbox"/> Country      | Cheerful, inviting, bright.        |
| <input type="checkbox"/> Natural      | Relaxed, earthy, comforting.       |

## VANITIES & CABINETS

Answer the following questions (if applicable).

### COLOR/FINISH:

Primary Finish: \_\_\_\_\_

Accent Finish: \_\_\_\_\_

Placement of Accent? \_\_\_\_\_

### WOOD PREFERENCE:

- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> Maple  | <input type="checkbox"/> Birch                 |
| <input type="checkbox"/> Oak    | <input type="checkbox"/> Hickory               |
| <input type="checkbox"/> Cherry | <input type="checkbox"/> Thermofoil (Laminate) |

### DOOR STYLE:

Upper Cabinets: \_\_\_\_\_

Lower Cabinets: \_\_\_\_\_

Drawer Front: \_\_\_\_\_

### DECORATIVE ENHANCEMENTS:

- |   |  |
|---|--|
| <input type="checkbox"/> Above-Cabinet Molding* | <input type="checkbox"/> Baseboard Molding |
| <input type="checkbox"/> Below-Cabinet Molding  | <input type="checkbox"/> Glass Doors       |

Description: \_\_\_\_\_

\* Cabinetry will extend to the ceiling?  Yes  No

### CABINET HARDWARE:

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Drawer _____ | <input type="checkbox"/> Door _____ |
|---------------------------------------|-------------------------------------|

## COUNTER TOPS

Answer the following questions (if applicable).

### MATERIAL:

- |  |  |
|--|--|
| <input type="checkbox"/> Granite               | <input type="checkbox"/> Laminate      |
| <input type="checkbox"/> Quartz                | <input type="checkbox"/> Solid Surface |
| <input type="checkbox"/> Glass/Glass Aggregate | <input type="checkbox"/> Marble        |
| <input type="checkbox"/> Ceramic or Porcelain  | <input type="checkbox"/> Other _____   |

### EDGE STYLE:

- |  |  |
|--|--|
| <input type="checkbox"/> Ogee          | <input type="checkbox"/> Bullnose      |
| <input type="checkbox"/> Half Bullnose | <input type="checkbox"/> Triple Pencil |
| <input type="checkbox"/> Double Radius | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Bevel         |  |

## BATHTUBS

Answer the following questions (if applicable).

### TUB MATERIAL:

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Cast Iron  | <input type="checkbox"/> Marble             |
| <input type="checkbox"/> Acrylic    | <input type="checkbox"/> Porcelain-on-Steel |
| <input type="checkbox"/> Fiberglass | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Composite  |   |

### TUB STYLE:

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Alcove     | <input type="checkbox"/> Freestanding |
| <input type="checkbox"/> Platform   | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Undermount |                                       |

### TUB FAUCET:

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Wall-Mount | <input type="checkbox"/> Freestanding |
| <input type="checkbox"/> Tub-Mount  | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Deck-Mount |                                       |

## SHOWERHEADS & ENCLOSURES

Answer the following questions (if applicable).

### SHOWERHEAD OPTIONS:

- |  |   |
|--|---|
| <input type="checkbox"/> Standard Wall-Mount | <input type="checkbox"/> Body Spray       |
| <input type="checkbox"/> Top-Mount           | <input type="checkbox"/> Body Spa         |
| <input type="checkbox"/> Handheld            | <input type="checkbox"/> Digital Controls |
| <input type="checkbox"/> Sliding Bar         | <input type="checkbox"/> Other _____      |

## SHOWER DOOR:

- |  |   |
|--|---|
| <input type="checkbox"/> Curtain       | <input type="checkbox"/> Quadrant Enclosure   |
| <input type="checkbox"/> Hinged Door   | <input type="checkbox"/> Pentagonal Enclosure |
| <input type="checkbox"/> Pivot Door    | <input type="checkbox"/> Walk-In              |
| <input type="checkbox"/> Sliding Door  | <input type="checkbox"/> Divider Panel        |
| <input type="checkbox"/> In-Swing Door | <input type="checkbox"/> Bath Screen          |
| <input type="checkbox"/> Bi-Fold Door  | <input type="checkbox"/> Other _____          |

## SINKS & FAUCETS

Answer the following questions (if applicable).

### SINK STYLE:

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Vanity-Top | <input type="checkbox"/> Above-Counter/Vessel |
| <input type="checkbox"/> Console    | <input type="checkbox"/> Wall-Mount           |
| <input type="checkbox"/> Pedestal   | <input type="checkbox"/> Other _____          |

### BOWL MATERIAL:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Porcelain-Enameled Cast Iron | <input type="checkbox"/> Glass        |
| <input type="checkbox"/> Stone                        | <input type="checkbox"/> Vitreous     |
| <input type="checkbox"/> Fiberglass                   | <input type="checkbox"/> Cast Polymer |
| <input type="checkbox"/> Marble                       | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Stainless Steel              |                                       |

### FAUCET STYLE:

- |  |   |
|--|---|
| <input type="checkbox"/> Widespread    | <input type="checkbox"/> Wall Mount       |
| <input type="checkbox"/> Center Set    | <input type="checkbox"/> Touch Technology |
| <input type="checkbox"/> Single Handle | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Bridge        |   |

### FAUCET FINISH:

- |  |  |
|--|--|
| <input type="checkbox"/> Chrome          | <input type="checkbox"/> Brushed Brass     |
| <input type="checkbox"/> Satin Nickel    | <input type="checkbox"/> Antique Brass     |
| <input type="checkbox"/> Stainless Steel | <input type="checkbox"/> Oil Rubbed Bronze |
| <input type="checkbox"/> White Epoxy     | <input type="checkbox"/> Brushed Bronze    |
| <input type="checkbox"/> Black Epoxy     | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Polished Brass  |  |

## TOILETS

Answer the following questions (if applicable).

### TOILET FEATURES:

- |   |   |
|---|---|
| <input type="checkbox"/> Comfort-Height   | <input type="checkbox"/> One-Piece Toilet |
| <input type="checkbox"/> Elongated Bowl   | <input type="checkbox"/> Two-Piece Toilet |
| <input type="checkbox"/> Round Front Bowl | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Skirted          |   |

### TOILET SEATS:

- |   |  |
|---|--|
| <input type="checkbox"/> Wood               | <input type="checkbox"/> Transitional Toilet Seats |
| <input type="checkbox"/> Plastic            | <input type="checkbox"/> Bidet                     |
| <input type="checkbox"/> Quiet-Close Hinges | <input type="checkbox"/> Other _____               |

## ACCESSORIES

Please select the items you might like to have in your bathroom.

### OPTIONS:

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Bath Safety        | <input type="checkbox"/> Shelves     |
| <input type="checkbox"/> Curved Shower Rods | <input type="checkbox"/> Tank Levers |
| <input type="checkbox"/> Grab Bars          | <input type="checkbox"/> Towel Bars  |
| <input type="checkbox"/> Mirror Frames      | <input type="checkbox"/> Towel Rings |
| <input type="checkbox"/> Mirrors            | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Paper Holders      |                                      |
| <input type="checkbox"/> Robe Hooks         |                                      |

\* Additional options may be available. Speak with a design consultant for assistance.

**in time. in style. in stock.**

Innovations by VP is your kitchen and bath design resource. With over fifty experienced kitchen and bath design professionals across our nine locations, Innovations by VP has the depth that can offer any new build or remodeling homeowner an “innovative” perspective at the endless possibilities of design.

- |   |  |  |   |  |
|---|--|--|---|--|
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| <p><b>New Hartford</b><br/>4676 Commercial Dr.<br/>New Hartford, NY 13413<br/>P 315-768-7878<br/>F 315-768-4774</p> | <p><b>Plattsburgh</b><br/>190 Tom Miller Rd.<br/>Plattsburgh, NY 12901<br/>P 518-563-4916<br/>F 518-563-4546</p> | <p><b>Syracuse</b><br/>5775 Bridge St.<br/>E. Syracuse, NY 13507<br/>P 315-446-1548<br/>F 315-446-3245</p>           | <p><b>Vestal</b><br/>232 Vestal Parkway W.<br/>Vestal, NY 13850<br/>P 607-748-8144<br/>F 607-748-2937</p> |  |

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