



Estimate Form for Bathroom Design and Installation

Name: _____

Home Address: _____

City: _____ State: _____ Phone (Home): _____

Phone (Office): _____

Phone (Office): _____

Phone (Office): _____

Phone (Jobsite): _____

Jobsite Address: _____

City: _____ State: _____

By: _____

Hereafter called "Bathroom Specialist"

Bathroom Specialist will supply and deliver only such equipment and material as described in these specifications. Labor connected with this Bathroom installation will be supplied by the Bathroom Specialist only as herein specified.

Any equipment, material and labor designated here as "Owner's responsibility" must be furnished and completed by the Owner, or the Owner's Agent in accordance with the work schedule established by the Bathroom Specialist.

Equipment, material and labor not included in these specifications can be supplied by the Bathroom Specialist at an additional cost for which authorization must be given in writing by the Owner, or the Owner's Agent.

All dimension and cabinet designations shown on the floor plan and elevations / interpretive drawings, which are part of these specifications, are subject to adjustments dictated by job conditions.

All surfaces of walls, ceilings, windows and woodwork, except those of factory-made equipment, will be left unpainted or unfinished unless otherwise specified.

If specifications call for re-use of existing equipment, no responsibility on the part of the Bathroom Specialist for appearance, functioning or service shall be implied.

For factory-made equipment, the manufacturer's specifications for quality, design, dimensions, function and installation shall in all cases take precedence over any others.

Cabinetry	Source				
Key: BS= Bathroom Specialist O= Owner OA= Owners Agent	Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by		Installed by	
		BS <input type="checkbox"/>	O/OA <input type="checkbox"/>	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>

Cabinet 1					Estimate
Manufacturer:					
Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Frameless					
Cabinet Exterior: <input type="checkbox"/> Wood-Species: _____ <input type="checkbox"/> Metal <input type="checkbox"/> Decorative Laminate <input type="checkbox"/> Other: _____					
Cabinet Exterior Finish:		Cabinet Interior Material:		Finish:	
Door Style:			Hardware:		
Special Countertop Notes:					
Cabinet 2	<input type="checkbox"/> N/A				
Manufacturer:					
Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Frameless					
Cabinet Exterior: <input type="checkbox"/> Wood-Species: _____ <input type="checkbox"/> Metal <input type="checkbox"/> Decorative Laminate <input type="checkbox"/> Other: _____					
Cabinet Exterior Finish:		Cabinet Interior Material:		Finish:	
Door Style:			Hardware:		
Special Countertop Notes:					

Fascia & Soffit	Source				
Key: BS= Bathroom Specialist O= Owner OA= Owners Agent	Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by		Installed by	
		BS <input type="checkbox"/>	O/OA <input type="checkbox"/>	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>

Fascia & Soffit 1					Estimate
Construction: <input type="checkbox"/> Flush <input type="checkbox"/> Extended <input type="checkbox"/> Recessed <input type="checkbox"/> Open <input type="checkbox"/> Remove <input type="checkbox"/> Other, as per plan:					
Finish Material:					
Special Fascia / Soffit Notes:					
Fascia & Soffit 2	<input type="checkbox"/> N/A				
Construction: <input type="checkbox"/> Flush <input type="checkbox"/> Extended <input type="checkbox"/> Recessed <input type="checkbox"/> Open <input type="checkbox"/> Remove <input type="checkbox"/> Other, as per plan:					
Finish Material:					
Special Fascia / Soffit Notes:					

Surfaces		Source					
Key: BS= Bathroom Specialist O= Owner OA= Owners Agent		Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No		Furnished by		Installed by	
				BS <input type="checkbox"/>	O/OA <input type="checkbox"/>	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>

Surface 1- Vanity (s)		Estimate
Manufacturer:		
Material:		
Color:		
Design Details: Deck Thickness ____ Material ____ Edge Thickness ____ Edge Detail Shape ____ Color ____		
Backsplash: Thickness ____ Height: ____ Color: ____		
End Splash: Thickness ____ Height: ____ Color: ____		
Insert:		
Special Notes:		
Surface 2- Tub / Deck / Surround		
Manufacturer:		
Material:		
Color:		
Design Details: Deck Thickness ____ Material ____ Edge Thickness ____ Edge Detail Shape ____ Color ____		
Wall Backsplash: Thickness ____ Height: ____ Color: ____		
End Splash: Thickness ____ Height: ____ Color: ____		
Insert:		
Special Notes:		
Surface 3- Shower Surround		
Manufacturer:		
Material:		
Color:		
Design Details: Deck Thickness ____ Material ____ Edge Thickness ____ Edge Detail Shape ____ Color ____		
Backsplash: Thickness ____ Height: ____ Color: ____		
End Splash: Thickness ____ Height: ____ Color: ____		
Insert:		
Special Notes:		
Surface 4 - Other		
<input type="checkbox"/> N/A		
Manufacturer:		
Material:		
Color:		
Design Details: Deck Thickness ____ Material ____ Edge Thickness ____ Edge Detail Shape ____ Color ____		
Backsplash: Thickness ____ Height: ____ Color: ____		
End Splash: Thickness ____ Height: ____ Color: ____		
Insert:		
Special Notes:		

Bath Fixtures & Fittings - Water Closet

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by		Installed by		
	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>	
	Brand Name	Model	Configuration	Color / Finish	Estimate
<input type="checkbox"/> Round					
<input type="checkbox"/> Elongated					
<input type="checkbox"/> Soft					
<input type="checkbox"/> Low Profile					
Trip Lever					
Stop and Supply					
Height					

Bath Fixtures & Fittings - Bidet / Bidet Seat

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Furnished by		Installed by		
	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>	
	Brand Name	Model	Configuration	Color / Finish	Estimate
Fittings					
Vacuum Breaker					
Miscellaneous					

Bath Fixtures & Fittings - Bathtub

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by		Installed by		
	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>	
	Brand Name	Model	Configuration	Color / Finish	Estimate
Bathtub					
Fitting #1					
Fitting #2					
Fitting #3					
Waste and Overflow					
Stop and Supply					
Miscellaneous					
Size					

Bath Fixtures & Fittings - Jetted Bathtub System

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by		Installed by		
	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>	
	Brand Name	Model	Configuration	Color / Finish	Estimate
<input type="checkbox"/> Air Jets					
<input type="checkbox"/> Adjustable Whirlpool Jets					
<input type="checkbox"/> Massage Whirlpool Jets					
<input type="checkbox"/> Chromatherapy System					
Fittings					
Miscellaneous					

Bath Fixtures & Fittings - Shower

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by			Installed by	
	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>		BS <input type="checkbox"/>	O/OA <input type="checkbox"/>
	Brand Name	Model	Configuration	Color / Finish	Estimate
Pan					
Curb					
Seat / Bench					
Shelf / Recess					
Drain					
Fittings					
Shower #1					
Shower #2					
Shower #3-Body Spray					
Shower #4- Hand-Held					
Stop & Supply					
Shower Floor					
Drapery Rod					
Shower Drapery					

Bath Fixtures & Fittings – Lavatory 1

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by			Installed by	
	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>		BS <input type="checkbox"/>	O/OA <input type="checkbox"/>
	Brand Name	Model	Configuration	Color / Finish	Estimate
Type:					
<input type="checkbox"/> Under-mount					
<input type="checkbox"/> Top Mount					
<input type="checkbox"/> Vessel					
<input type="checkbox"/> Pedestal					
<input type="checkbox"/> Integral					
Fittings					
Drilling Spread					
Stop & Supply					
Pedestal Trap Cover					
Miscellaneous					

Bath Fixtures & Fittings – Lavatory 2

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Furnished by			Installed by	
	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>		BS <input type="checkbox"/>	O/OA <input type="checkbox"/>
Type:	Brand Name	Model	Configuration	Color / Finish	Estimate
<input type="checkbox"/> Under-mount					
<input type="checkbox"/> Top Mount					
<input type="checkbox"/> Vessel					
<input type="checkbox"/> Pedestal					
<input type="checkbox"/> Integral					
Fittings					
Drilling Spread					
Stop & Supply					
Pedestal Trap Cover					
Miscellaneous					

Bath Fixtures & Fittings – Steam Bath

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Furnished by			Installed by	
	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>		BS <input type="checkbox"/>	O/OA <input type="checkbox"/>
	Brand Name	Model	Configuration	Color / Finish	Estimate
Steam Enclosure Materials					
Steam Generator					
Steam Outlet Control					
Miscellaneous					

Bath Fixtures & Fittings – Sauna

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Furnished by			Installed by	
	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>		BS <input type="checkbox"/>	O/OA <input type="checkbox"/>
	Brand Name	Model	Configuration	Color / Finish	Estimate
Interior Materials					
Heater					
Control					
Miscellaneous					

Bath Fixtures & Fittings – Exercise Equipment

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Furnished by			Installed by	
	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>		BS <input type="checkbox"/>	O/OA <input type="checkbox"/>
	Brand Name	Model	Configuration	Color / Finish	Estimate

Bath Fixtures & Fittings – Miscellaneous

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by			Installed by	
	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>		BS <input type="checkbox"/>	O/OA <input type="checkbox"/>
	Brand Name	Model	Configuration	Color / Finish	Estimate

Accessories (as per approved drawing)

Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by			Installed by		
	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>		BS <input type="checkbox"/>	O/OA <input type="checkbox"/>	
Item	Qty	Brand Name	Model	Size	Color / Finish	Estimate
Mirror #1						
Mirror #2						
Medicine Cabinet						
Glass Shelves						
Towel Bar						
Hydronic / Electric						
Towel Ring						
Robe Hook						
Tub Soap Dish						
Shower Soap Dish						
Bidet Soap Dish						
Lavatory Soap Dish						
Grab Bar						
Paper Holder						
Magazine Rack						
Soap / Lotion Dispenser						
Tumbler Holder						
Tissue Holder						
Scale						
Toothbrush Holder						
Hamper						

Closet Specifications

Use Existing		Furnished by			Installed by		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>	BS <input type="checkbox"/>	O/OA <input type="checkbox"/>	
	Brand Name	Model	Size	Color / Finish	Estimate		
Poles							
Shelves							
Drawers							
Shoe Racks							
Belt / Tie / Scarf Racks							
Safe							
Ironing Board							
Pull Down Units							

Lighting System

Description	Qty	Location	Model #	Transformer	Finish	Lamp Req.	Furnished By		Installed By		Estimate
							BS	O/OA	BS	O/OA	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Lighting Notes:											

Flooring

Description:	Furnished By		Installed By		Estimate
	BS	O/OA	BS	O/OA	
Hazardous Waste Removal (Asbestos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Removal of Existing Floor Covering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Remove and Repair Water Damaged Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Preparation of Floor / Subfloor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Installation of Subfloor Underlayment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
New Floor Covering Material Description:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manufacturer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pattern Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tile Pattern:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Describe Tile Details:					
Transition / Threshold Treatment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Flooring Notes:					

Windows and Doors

Item	Brand Name	Model	Finish	Hardware	Furnished By		Installed By		Estimate
					BS	O/OA	BS	O/OA	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Casing	Size:		Style:						
Special Window and Door Notes:									

Decorative Surfaces (Wall, Ceiling, Window Materials)

Description	Material	Color	Finish	Quantity	Furnished By		Installed By		Estimate
					BS	O/OA	BS	O/OA	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Decorative Surface Notes:									

HVAC

Description:	Furnished By		Installed By		Estimate
	BS	O/OA	BS	O/OA	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rough-In Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Run New Duct Work for Ventilation System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air Conditioning Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Details:					

Electrical Work (except as described above in specific equipment sections)

Description:	Furnished By		Installed By		Estimate
	BS	O/OA	BS	O/OA	
New Service Panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Code Update	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Details:					

Plumbing (except as described above in specific equipment sections)

Description:	Furnished By		Installed By		Estimate
	BS	O/OA	BS	O/OA	
New Rough In Requirements:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
New Drainage Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
New Vent Stack Requirements:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Modifications to Existing Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Details:					

General Carpentry (except as described above in specific equipment sections)

Description:	Furnished By		Installed By		Estimate
	BS	O/OA	BS	O/OA	
Demolition Work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walls-Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walls-Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows/Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soffit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Existing Fixture and Equipment Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trash Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reconstruction / Preparation Work (Except as Previously Stated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interior Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exterior Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soffit / Fascia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HVAC Work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Replace Vents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Replace Vent Covers Size :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Millwork: (Note Cabinetry Installation listed under cabinets)					
Crown Molding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ceiling Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Window / Door Casing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Baseboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wainscotting / Chair Rail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Details:					

Miscellaneous Work

Description	Responsibility		Estimate
	BS	O/OA	
Material Storage Location	<input type="checkbox"/>	<input type="checkbox"/>	
Trash Collection Area	<input type="checkbox"/>	<input type="checkbox"/>	
Trash Removal	<input type="checkbox"/>	<input type="checkbox"/>	
Jobsite / Room Cleanup	<input type="checkbox"/>	<input type="checkbox"/>	
Building Permit (s)	<input type="checkbox"/>	<input type="checkbox"/>	
Structural Engineering / Architectural Fees	<input type="checkbox"/>	<input type="checkbox"/>	
Inspection Fees	<input type="checkbox"/>	<input type="checkbox"/>	
Jobsite Delivery	<input type="checkbox"/>	<input type="checkbox"/>	