



Estimate Form for Kitchen 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 "Kitchen Specialist"

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

Equipment, material and labor not included in these specifications can be supplied by the Kitchen 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 Kitchen 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: KS= Kitchen Specialist O= Owner OA= Owners Agent		Use Existing <input type="checkbox"/> Yes <input type="checkbox"/> No	Furnished by		Installed by	
			KS <input type="checkbox"/>	O/OA <input type="checkbox"/>	KS <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 Cabinet 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 Cabinet Notes:			

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

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

Countertop 1	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 Countertop Notes:	
Countertop 2	<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 Countertop Notes:	
Countertop 3	<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 Countertop Notes:	

Fixtures and Fittings

Item	Sink #	Brand Name	Model	Finish	Material	Furnished By		Installed By		Hooked up By		Estimate
						K.S.	O/OA	K.S.	O/OA	K.S.	O/OA	
Kitchen Sink #1						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No. of Holes						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No. of Holes						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen Sink #2						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No. of Holes						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Faucet #2						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen Sink #3						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No. of Holes						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Faucet #3						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Items												
Strainer						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hot Water Dispenser						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chilled Water Dispenser						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lotion Dispenser						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water Purifier						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Filtered Water Tap						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accessories												
						<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"/>	

Lighting System

Description	Qty	Location	Model #	Transformer	Finish	Lamp Req.	Furnished By		Installed By		Estimate
							K.S.	O/OA	K.S.	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"/>	

Appliances

Item	Brand Name	Width	Model	Finish	Fuel	Furnished By		Installed By		Hooked up By		Estimate
						K.S.	O/OA	K.S.	O/OA	K.S.	O/OA	
Range						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooktop / Rangetop						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oven						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhaust System A						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhaust System B						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Warming Drawer						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indoor Grill						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Steam Oven						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specialty Cooking						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specialty Cooking						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specialty Cooking						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microwave						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trim Kit						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigerator #1						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trim Kit						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigerator #2						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trim Kit						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wine / Refrigerator Storage Appliance						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trim Kit						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Freezer						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trim Kit						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ice Maker						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trim Kit						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dishwasher #1						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trim Kit						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dishwasher #2						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trim Kit						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food Waste Disp.#1						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food Waste Disp #2						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compactor						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trim Kit						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Computer						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coffee System						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone / Internet						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Television						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radio / CD						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VCR / DVD						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Washer						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dryer						<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"/>	

Flooring

Description:	Furnished By		Installed By		Estimate
	K.S.	O/OA	K.S.	O/OA	
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:	Size:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pattern Number:	Pattern Name / Repeat:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manufacturer:	Size:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tile Pattern:	Grout:	<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
					K.S.	O/OA	K.S.	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"/>	
Special Window and Door Notes:									

Decorative Surfaces (Wall, Ceiling, Window Materials)

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

HVAC

Description:	Furnished By		Installed By		Estimate
	K.S.	O/OA	K.S.	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
	K.S.	O/OA	K.S.	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
	K.S.	O/OA	K.S.	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
	K.S.	O/OA	K.S.	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	<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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
Wainscoting / Chair Rail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Details:					

Miscellaneous Work

Description	Responsibility		Estimate
	K.S.	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"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	