



Standard Specifications 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	<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:
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:
Door Style:	Hardware:
Special Cabinet 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
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)	
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:	
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:	
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:		
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
<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
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
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
<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
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
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"/>
	Brand Name	Model	Configuration	Color / Finish
<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
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
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

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

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
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"/>
Item	Brand Name	Model	Size	Color / Finish		
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	
							B.S.	O/OA	B.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"/>
Special Lighting Notes:										

Flooring

Description	Furnished By		Installed By	
	B.S.	O/OA	B.S.	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:	Size:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pattern Number:	Pattern Name / Repeat:	<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	
					B.S.	O/OA	B.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"/>
Casing	Size:			Style:				
Special Window and Door Notes:								

Decorative Surfaces (Wall, Ceiling, Window Materials)

Description	Material	Color	Finish	Quantity	Furnished By		Installed By	
					B.S.	O/OA	B.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"/>
Special Decorative Surface Notes:								

HVAC

Description	Furnished By		Installed By	
	B.S.	O/OA	B.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	
	B.S.	O/OA	B.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"/>
Wiring for Heated Tile Floor	<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	
	B.S.	O/OA	B.S.	O/OA
New Rough In Requirements:	<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"/>
New Drainage Requirements	<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"/>
New Vent Stack Requirements:	<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"/>
Modifications to Existing Lines:	<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"/>
Details:				

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

Description	Furnished By		Installed By	
	B.S.	O/OA	B.S.	O/OA
Demolition Work:				
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)				
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:				
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	
	B.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"/>
	<input type="checkbox"/>	<input type="checkbox"/>