



NORTH VILLAGE BUILDERS

Bathroom Remodel Checklist



Before you start your remodeling project, review this checklist to make sure you've covered all the necessary bases.

Set your budget

My budget for this project: \$ _____

Target completion date: _____

- | | | |
|---|--|--|
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Floor Plan Design | <input type="checkbox"/> Sink |
| <input type="checkbox"/> Design Inspiration | <input type="checkbox"/> Flooring | <input type="checkbox"/> Vanity |
| <input type="checkbox"/> Faucet | <input type="checkbox"/> Painting | <input type="checkbox"/> Wiring/Lighting |

Select your faucet:

***TIP** Explore Moen's online tool: www.moen.com/faucetselector

Style (*Basic, Clean & Contemporary, Classic, Sleek & Sophisticated*)

Price

Finish (*Brass, Bronze, Brushed Nickel, Chrome, Spot Resist™, Wrought Iron*)

Features (*Single Handle, Two Handles; High Arc, Low Arc*)

Sink Installation (*Centerset, Single Hole/Mount, Widespread, Wall Mount, Vessel*)

***TIP** Type of faucet will determine # of holes (1-4)



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Choose your materials (*Brick, Ceramic, Granite, Laminate, Stainless Steel, Tile, Wood*)

Countertops _____

Flooring _____

Vanity _____

Items to add/Remodel

	YES	NO
Bathtub	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Cabinets and Shelves	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Countertop	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Faucet	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Grab Bars	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Hand Shower	<input type="checkbox"/> _____	<input type="checkbox"/> _____
His/Her Shower	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Lighting	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Medicine Cabinet or Mirror	<input type="checkbox"/> _____	<input type="checkbox"/> _____
P-trap (piece of pipe shaped like a 'P', used in drains, to prevent fumes from entering the home)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Shower and Tub Drains	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Shower and/or Tub	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Shower Chairs or Seats	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Shower Heads	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Sink	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Soap and Sponge Holders	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Tile	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Toilet Paper Holder	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Toilet	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Towel Ring/Towel Bar	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Towel Warmer	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Vanity	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Ventilation	<input type="checkbox"/> _____	<input type="checkbox"/> _____



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	YES	NO
Vertical Spa	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Walk-in Roll-in	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Shower	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Wall Plates	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Applied for necessary permits?	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Take "before" photos	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Take "after" photos	<input type="checkbox"/> _____	<input type="checkbox"/> _____

