



# BATHROOM PLANNER

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**POSTCODE** \_\_\_\_\_

**MOBILE / HOME TEL** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

**WHICH ROOM ARE YOU LOOKING TO RENOVATE:**

**INITIAL IDEAS / WISHES AND REASONS FOR CHANGING:**

**PARKING / ACCESS:**

**FULL INSTALLATION OR SUPPLY ONLY:**

<b>EXPECTED BUDGET COSTS:</b>	<b>£0-£2.5K</b>	<b>£2.5K-£5K</b>	<b>£5-£10K</b>	<b>£10-£15K</b>	<b>£15K+</b>
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**IDEAL COMPLETION DATE:**

**CURRENT WALL CONSTRUCTION:**

**CURRENT FLOOR CONSTRUCTION:**

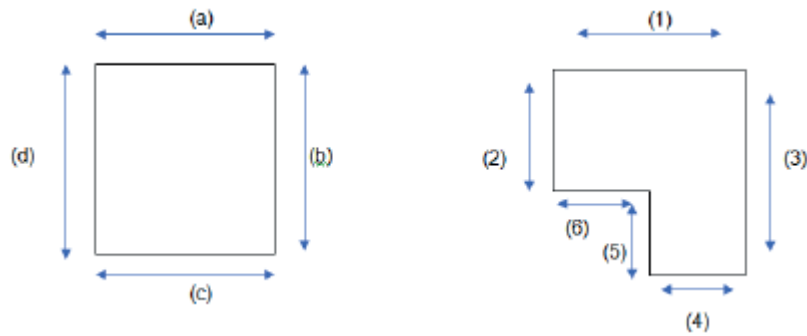
**CURRENT WATER SYSTEM (i.e., GRAVITY / PUMP / COMBI / PRESSURIZED SYSTEM):**

**ANY EVIDENCE OF PREVIOUS LEAKS:**

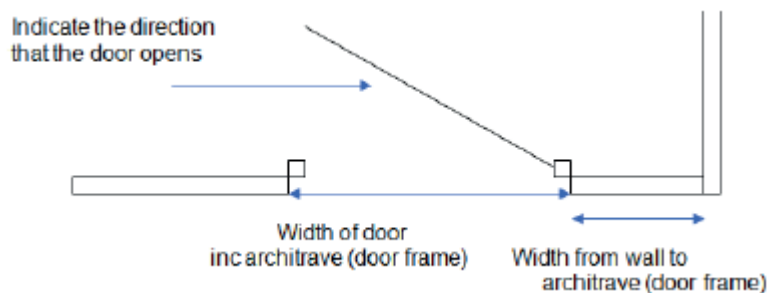
**FUSE BOX (IS THIS UPDATED?):**

**CURRENT SOIL PIPE POSITION:**

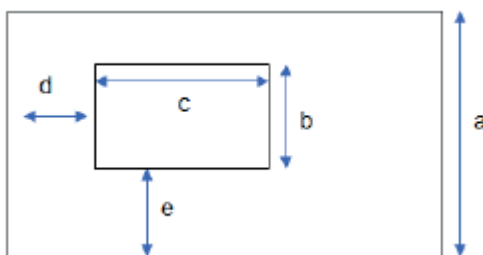
### **Step 1 – MEASURE THE OUTLINE OF YOUR ROOM**



### **Step 2 – MARK THE DOOR POSITION AND MEASURE**



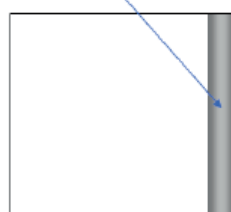
### **Step 3 – MARK THE WINDOW POSITION AND MEASURE**



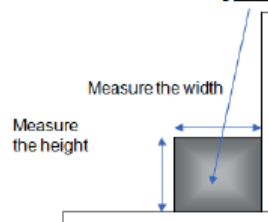
- (a) Height from floor to ceiling
- (b) Window height
- (c) Window width
- (d) Width from wall edge to side of window
- (e) Height from floor to windowsill

### **Step 4 – MARK ANY BOXINGS YOU HAVE i.e. soil pipe and low-level boxings**

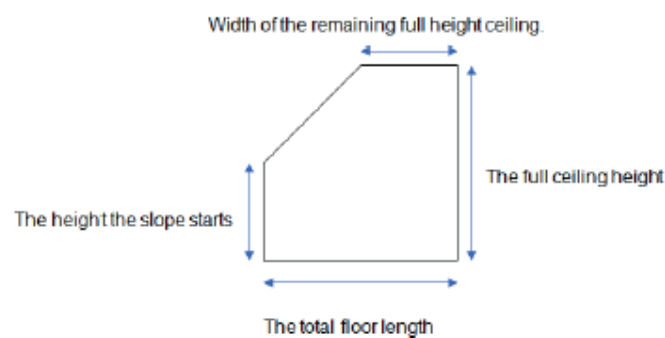
Show any boxing on your plan:



Cross section showing boxing:



### **Step 5 – IF YOU HAVE A SLOPING CEILING, MEASURE AS PER THE DIAGRAM BELOW**





Remember to check window height, cill height and depth. Think door architecture and opening.

ITEM		NOTES
<b>WC</b>	Close coupled? Back to wall? Wall hung?	
<b>BASIN</b>	With or without storage? Single or double? Wall Hung / floor standing?	
<b>TAPS</b>	Low pressure or high pressure?	
<b>BATH</b>	Rectangle, shower bath? Shower over?	
<b>SHOWER ENCLOSURE</b>	Walk in / enclosure?	
<b>SHOWER TRAY</b>	raised, tiled, antislip?	
<b>SHOWER MIXER</b>	Concealed, exposed, electric, overheads?	
<b>FITTED FURNITURE</b>	Colours, drawers? Handles – push open or standard?	
<b>WORKTOP</b>	Solid, quartz, moulded basin?	
<b>MIRROR / WALL UNITS</b>	Mirror or cabinet? With or without lighting? Wall units?	
<b>HEATING</b>	Towel warmer, radiator, dual fuel, electric?	
<b>LIGHTING</b>	Central light, LED spotlights, pull cord or switch?	
<b>VENTILATION</b>	Ceiling or wall fan?	
<b>UNDERFLOOR HEATING</b>	Electric mat?	
<b>PLASTERING REQUIRED?</b>	Walls, ceiling?	
<b>WALLS</b>	Tiling, panels?	
<b>FLOORING</b>	Tiling, click flooring?	

PLEASE INCLUDE PHOTOGRAPHS OF YOUR EXISTING BATHROOM IF POSSIBLE

## NOTES

**TO BE COMPLETED BY DESIGNER:**

**ENQUIRY DATE:**

**SURVEY DATE:**

**INSTALLATION DATE:**

**DEPOSIT PAID:**

**ORDER DATE:**

**BALANCE DUE:**

### **CURTIS BROTHERS BATHROOMS & KITCHENS**

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Hampshire, SO53 3AP

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