



Entrepreneur Architect

Design Development Shopping List

Date:

Project Name:

Project Address:

Kitchen Finishes

	Manufacturer	Model Number	Model Name
Flooring			
<input type="checkbox"/> Wood Flooring:	_____	_____	_____
<input type="checkbox"/> Ceramic Tile:	_____	_____	_____
<input type="checkbox"/> Porcelain Tile:	_____	_____	_____
<input type="checkbox"/> Stone Tile:	_____	_____	_____
<input type="checkbox"/> Concrete:	_____	_____	_____
<input type="checkbox"/> Other:	_____	_____	_____
Backsplash			
<input type="checkbox"/> Ceramic Tile:	_____	_____	_____
<input type="checkbox"/> Porcelain Tile:	_____	_____	_____
<input type="checkbox"/> Stone Tile:	_____	_____	_____
<input type="checkbox"/> Metal Tile:	_____	_____	_____
<input type="checkbox"/> Glass Tile:	_____	_____	_____
<input type="checkbox"/> Stone Tile:	_____	_____	_____
<input type="checkbox"/> Stainless Steel:	_____	_____	_____
<input type="checkbox"/> Other:	_____	_____	_____
Counter			
<input type="checkbox"/> Stone Slab:	_____	_____	_____
<input type="checkbox"/> Solid Surface:	_____	_____	_____
<input type="checkbox"/> Concrete:	_____	_____	_____
<input type="checkbox"/> Other:	_____	_____	_____

Notes _____

Principal's Full Name
Address, City, State Zipcode

Telephone: (555) 555-5555

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