

# 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: \_\_\_\_\_

## Do it yourself (DIY) or hire a pro?

Decide what you can do yourself to save money, and which jobs are better left to the pros.

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

## Select your faucet

▶ **TIP** Explore our online tool: [www.moen.com/faucetselector](http://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 the letter 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
Vetical Spa	<input type="checkbox"/>	_____	<input type="checkbox"/>
Walk-in Roll-in Shower	<input type="checkbox"/>	_____	<input type="checkbox"/>
Wall Plates	<input type="checkbox"/>	_____	<input type="checkbox"/>
<b>Applied for necessary permits?</b>	YES		NO
	<input type="checkbox"/>	_____	<input type="checkbox"/>
<b>Take "before" photos</b>	<input type="checkbox"/>	_____	<input type="checkbox"/>
<b>Take "after" photos</b>	<input type="checkbox"/>	_____	<input type="checkbox"/>