

Bathroom Remodel Checklist

Medicine cabinet General Considerations Recessed Wall-mounted • Storage needs (like towels or None extra toiletries) Vanity style • Privacy for multiple simultaneous o Floating (requires special blocking in wall) users? Freestanding • High or low traffic? Make-up mirror (not just for women ©) Wall mount None Shower bench o Yes o No **Shower Niche** Yes o Size _____ o Which wall? o No Tile style o Main floor _____ o Shower floor _____ o Shower walls _____ Accent/Niche _____ o Trim details for unfinished ends of tile (bullnose tile, metal strip etc) Plumbing fixtures selection o Sink fixtures _____ o Shower fixtures _____ o Towel bars (heated must be pre-wired) _____

Shower valve style

o Pressure Balance System (Single valve)

o Tub _____

Thermostatic system (Two handle volume and temperature control)

hôme square

Show	erhead
0	Ceiling mount
0	Wall mount (height in inches, we recommend 7' 0", depending on
	style)
0	Height of shower controls (in inches, we typically recommend 42 – 48"
Show	er drain style
0	Floor drain
0	Curbless
0	Infinity
Lightir	ng fixtures
0	Ceiling style
	Vanity style
	# of junction boxes
0	# of light switches
0	Dimmers?
Finish	ng
0	# of robe hooks and location
0	Towel bars and locations
	Toilet paper holder and location
0	Base molding (tile or wood)
0	Other wall finishes (paint color or vinyl wallcovering)