SUBLIME DESIGN SERVICES

DESIGN PLAN DETAILS

Dealer Contact Information

Account Code _____

Dealer Name _____

Salesperson _____

Email Address _____

Contact Phone# _____

Make selection below:

☐ New Full Design

☐ Revision (Provide Design #) _____

Job/Tag Name _____

Project Information

Cabinet Brand _____ Series _____ ☐ Framed ☐ Full Access

	Room #1	Room #2	Room #3	Room #4
Room Description				
Door Style				
Wood Species/Material				
Finish				
Glaze				
Special Techniques				
Overlay**				
Drawer Front*				
Outside Profile*				
Box Construction*				
Interior Finish*				
Drawer Box*				
Glides*				
Notes				

**Defaults to standard if not provided ** If Inset, list Non Bead Inset or Beaded Inset*

Room & Appliance Information*

Ceiling Height _____

☐ Cabinet Top Alignment _____

☐ Soffit (HxD) _____

☐ Top Moulding _____

☐ Bottom Moulding _____

Notes _____

Countertop Thickness _____

Countertop Type _____

	Type	Brand	Model #	Dimensions (WxHxD)	Install: Standard or Flush	Decorative Appliance Front
Refrigerator						☐ Yes ☐ No
Range						
Hood						
Blower						
Cooktop						
Oven						
Microwave						☐ Yes ☐ No
Dishwasher						☐ Yes ☐ No
Sink						
Other						☐ Yes ☐ No
Other						☐ Yes ☐ No

**Standard appliance sizes will be assumed if not provided.*

Email: sdsllc@protonmail.com **Phone: 239-603-1503** **Hours: Mon-Fri 8 AM - 5 PM**

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DESIGN PLAN DETAILS

Write clearly; please draw a layout of the kitchen, including dimensions of appliances, all walls, doors, windows and other openings including casing sizes and heights of windows off the floor and down from the ceiling. You are responsible for accuracy of this layout. The more accurate and detailed information you provide to us, the more accurate the design you will receive.

Please record dimensions in inches.

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