



Buy it for looks. Buy it for life.®

# 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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	<b>YES</b>	<b>NO</b>
Vertical 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>	<b>YES</b>	<b>NO</b>
	<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"/> _____