

closet design worksheet

Hours: Thurs thru Sat: 10 to 4
 Mon thru Wed: By Chance or Appt
 Mail Slot Drop-off: Bottom Right of Door



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Type of Closet or Storage		Type of Doors		Type of Wall	Unusual features
<input type="checkbox"/> Bedroom	<input type="checkbox"/> Laundry Room	<input type="checkbox"/> Single (swing in)	<input type="checkbox"/> Bi-Fold	<input type="checkbox"/> Drywall	such as ducts, vents, or electrical outlets that need to be considered in the design. Please specify. _____ _____ _____
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Linen	<input type="checkbox"/> Single (swing out)	<input type="checkbox"/> Sliding	<input type="checkbox"/> Plaster	
<input type="checkbox"/> Coats / Foyer	<input type="checkbox"/> Mudroom	<input type="checkbox"/> Double (swing in)	<input type="checkbox"/> Pocket	<input type="checkbox"/> Brick	
<input type="checkbox"/> Crafts / Sewing	<input type="checkbox"/> Office	<input type="checkbox"/> Double (swing out)	<input type="checkbox"/> None	<input type="checkbox"/> Concrete	
<input type="checkbox"/> Entertainment	<input type="checkbox"/> Pantry	<input type="checkbox"/> _____		<input type="checkbox"/> _____	
<input type="checkbox"/> Garage	<input type="checkbox"/> _____				



Measurements

Round to nearest 1/4 inch

Width of back wall _____

Left Wall _____

Right Wall _____

Left corner to door frame _____

Right corner to door frame _____

Door width (include frame) _____

Door height (include frame) _____

Width of door opening _____

Ceiling Height _____

Height of baseboard _____

Name: _____

Address: _____

Closet Needs Occupant #1	
<input type="checkbox"/> Adult <input type="checkbox"/> Child & Age _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female Height _____	
Name: _____	Amt Needed
Short Hanging	____ft
Long Hanging	____ft
# Shoes / # Purses	____ prs / ____
Drawers	__ Sm __ Med
Jewelry Insert	_____
Canvas Pullouts	__ Med __ Hamper
Wire or Chrome Baskets	__ Med __ Lg
Pants Pullout	_____
Shelf Dividers	_____
Tie & Belt Rack	_____
Valet Rod	_____

Closet Needs Occupant #2	
<input type="checkbox"/> Adult <input type="checkbox"/> Child & Age _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female Height _____	
Name: _____	Amt Needed
Short Hanging	____ft
Long Hanging	____ft
# Shoes / # Purses	____ prs / ____
Drawers	__ Sm __ Med
Jewelry Insert	_____
Canvas Pullouts	__ Med __ Hamper
Wire or Chrome Baskets	__ Med __ Lg
Pants Pullout	_____
Shelf Dividers	_____
Tie & Belt Rack	_____
Valet Rod	_____

Email: _____

Tel: _____ H / W / C

Tel: _____ H / W / C

How did you hear of us? _____

Date closet needed by: _____

Smooth Finish: White Cherry Choc Pear

Textured Finishes: Snowdrift Cypress
 Driftwood Midnight

Wire Shelving: White Nickel Granite

Other Items to Store	
Item	Size or Quantity

Date: _____ Designer: _____