



**RED LADDER
REMODELING**

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: _____

Are you interested in financing? _____

Are you in need of ADA compliance? _____

Design

Inspiration _____

Floor Plan Changes? _____

Color Palette _____



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Select your finish _____

(Chrome, Brushed Nickel, Oiled Bronze,
Matte Black ect.)

Faucet Features _____

(Single Handle, Two Handles;
High Arc, Low Arc)

Shower Features _____

(Single mount, Dual Function, Hand-held)

Choose your materials

Flooring _____

Tile _____



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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"/> _____
Shower Niche	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Shower and/or Tub Walls	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Shower Chairs or Seats	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Trim Kit	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Sink	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Soap and Sponge Holders	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Flooring	<input type="checkbox"/> _____	<input type="checkbox"/> _____
¼ Round/Baseboards	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Toilet	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Accessories	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Vanity	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Ventilation	<input type="checkbox"/> _____	<input type="checkbox"/> _____



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