Small Bathroom Renovation Checklist

Use this checklist to help you keep track of your bathroom measurements, changes and choices as you renovate your bathroom.

**Bathroom Specs**
Total floor square footage _____
Total wall square footage _____
Desired square footage if expanding the bathroom _____
Size of current toilet _____
Size of current sink _____
Size of current tub or shower _____
Location of toilet ___________
Location of sink ____________
Location of sink ____________
Location of tub or shower ___________
Floor the bathroom is located on ___________

**Floor Plan/Design**
Name of designer you are working with _______________________
Name of contractor _________________________
Will the project need plans? ___________
Have you applied for permits for the job? ___________
Does the current plumbing fall under grandfathered protection? ___________
Will you be moving walls? ___________
Will you be moving the locations of the current fixtures? ___________

**Lighting**
Overhead lighting   Yes☐ No☐
Sconces

Make ________________
Model ________________
Finish ________________
Bulbs ________________

Walls

Paint brand ____________
Paint finish ____________
Paint color ____________

Wall Tile

Material ________________
Pattern ________________
Grout color ________________
Tile size ________________

Tub/Shower

Type (Stall, tub/shower, etc) ________________
Tub/Shower make and model ________________
Finish ________________

Tile & Shower Pans

Type ________________
Pattern ________________
Grout color ________________
Tile size ________________
Tub/Shower Walls
Material _______________
Size _______________
Pattern _______________
Soap dish _______________
Grout color _______________

Tub/Shower Glass Doors
Frame finish _______________
Type of glass _______________
Type of unit _______________

Toilet
Make/model _______________
Color _______________

Sink/Vanity
Make/model _______________
Color _______________
Finish _______________
Size _______________
Sink bowl _______________
Cabinet _______________
Counter material _______________
Counter finish _______________
Counter edge detail _______________

Faucets
Make/model _______________
Size (8-inch, 4-inch, etc) ________________

Finish ______________________

**Mirrors/Medicine Cabinets**

How many? ________________

Size ________________

Type ________________

Location ________________

Type of glass ________________

**Flooring**

Material ________________

Size ________________

Grout color ________________

Pattern ________________

**Miscellaneous/Notes**