

Estimate Form

Date: _____

Client Name:

Client Ac	ldress:						
Client Ph	none:						
Job Nam	e:						
Ca	itegory/ Item	Total Sq. Footage	Má	Material		Amount	Additional Info
	Permits:		Architect	Y or N; If	so, why?		_
Circle Jol	o Selection						
Interior							
Countert	tops Cabinets	s Flooring	Lighting		Electric	Plumbir	ng
	Baseboard	Crown Molding	Entertair	iment	Drywall	Paint	Door Install
	Shower	Bathroom Bathtu	b	Tuong Gi	oove	Slats or Plank	
	Other:						
Exterior	Stucco	Paint	Roof	Driveway	y	Expansions	Lighting
	Outdoor Kitchen	Outdoor Enterta	nment Area	l	Other: _		
New Cor	nstruction:						
	_					lo.	
Estimate	Ву:		Estimated Price:				

Estimates are only valid for 20 days.