



Date	
Contractor	Phone
Address	City/State/Zip
Consumer	Phone
Address	City/State/Zip

1. Permits Check permits required.

Building		None
Electrical		None
Plumbing		None
HVAC (where required)		None

2. Project Costs

Demolition/debris removal	\$
Lumber-rough finish	\$
Flooring (carpet/vinyl/tile)/supplies	\$
Door (hardware,trim,hinges)	\$
Drywall (plaster,supplies)	\$
Paint and supplies	\$
Grab bars and accessories	\$
Toilet, seat, and accessories	\$
Sink (faucet/pipe protection/accessories)	\$
Cabinets, countertops, shelving and supplies	\$
Shower (floor, pan, ramp, threshold)	\$
Shower walls/surround	\$
Shower faucet (handheld shower and slide bar)	\$
Shower curtain (rod/rings)	\$
Shower seat	\$
Exhaust fan and vents	\$
Lighting fixtures (ceiling and vanity) and supplies	\$
Medicine cabinet and mirror	\$
Misc. supplies (caulking, fasteners, backer, insulation)	\$

Project Costs-continued

Plumbing and supplies	\$
Electrical and supplies	\$
HVAC and supplies	\$
Travel	\$
Equipment rental	\$
Misc. (permits, etc.)	\$
	\$
	\$
	\$
Total	\$

3. Labor

Total	\$
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Total cost of project Quote	\$
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Signature	
Quote good for 60 days unless otherwise noted	
Estimated date: Start	Completion

Project costs continue on next column