



4020 Minnehaha Ave S
 Minneapolis, MN 55406
 P) 612-605-7999
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Tile Backsplash Estimate Request

Room Type

Kitchen Bath Other _____

Product Information:

Tile (Main Field Tile)

Manufacturer: _____

Size: _____

Color: _____

Name: _____

Pattern: _____

(example - Straight / stacked or staggered / running bond 1/3 or 1/2 or diagonal or herringbone, etc.)

Please draw in box.

Border Tile Details

Manufacturer: _____

Size: _____

Color: _____

Name: _____

Location Details: _____

(example - Specify height / width of border.)

Grout

Color: _____

Type: Sanded Unsanded Epoxy Other _____

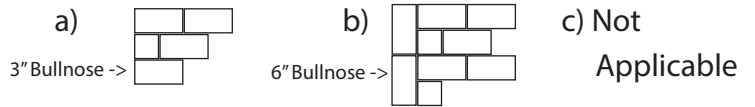
Manufacturer Name: _____

Spacing / Grout Thickness: _____

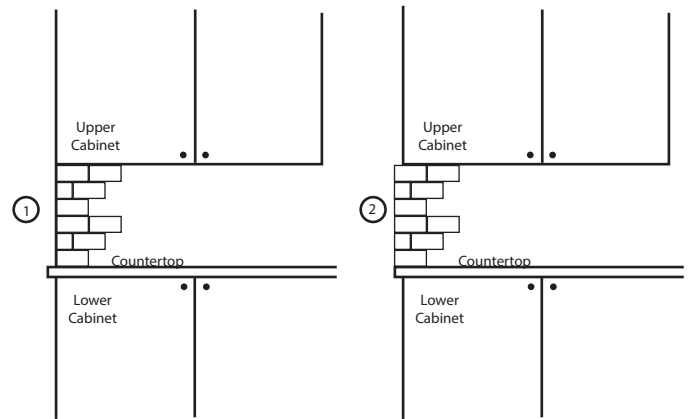
Project Details:

Edging

Bullnose Tile. If yes, circle a or b below.



Alignment. Chose an option below.



- Option 1 - Aligns with cabinets
- Option 2 - Aligns with countertops
- Option 3 - Not applicable
- Option 4 - Other such as angled edge, staggered, etc.

Schluter

Finish _____ Size _____ Style _____

None - Factory edge

Conditions

Existing Counter New Counter

Countertop Material _____

Countertop Thickness _____

Height Between countertop and bottom of upper cabinet _____

Height below window trim to counter _____

Height above window trim to ceiling (if you want this area tiled) _____

Owner provided material: Please specify any materials you will be providing _____

* Note - if owner providing, you will be responsible for additional trip charges if not all material is on-site at time of install. NBH will give you a quantity list prior to job start.

Contact Information

Client Name _____

Contact Name _____

Contact Phone _____

Contact Email _____

Client Address _____

City _____ State _____ Zip _____



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Tile Backsplash Estimate Request

Date: _____

Associate: _____

Additional Notes:

Sketch:

Please provide a dimensioned sketch for the areas where backsplash is going. Include dimensions, where walls, windows, doorways, and cabinet panels are located. Also note areas where edge of tile backsplash will need to be finished. Please use another piece of paper if necessary.

1' 2' 3' 4' 5' 6' 7' 8' 9' 10' 11' 12' 13' 14' 15'

