



Flintstone Marble & Granite Countertops

Address:

14702 South Lawn Ln
Rockville, MD 20850

Phone:

301-340-2320
301-340-8530

FAX:

301-340-3056

Email:

Info@flintstonetops.com

Showroom Hours:

Mon - Fri: 8:00AM - 6:00PM
Sat: 9:00AM - 4:00PM

How to measure your countertop

- Step 1

Draw a simple sketch of your kitchen on graph paper. Draw your kitchen as if you are looking at it from above. Don't forget to include islands, bars and backsplashes.

- Step 2

Measure cut outs such as sinks or counter cook tops from the outside and label the measurements on your drawing. You can use squares or rectangles to signify where a cut out occurs in the countertop.

- Step 3

Use a regular tape measure for measuring your countertops in inches. Start from the outside edge and measure the length along the wall. If an oven or other [appliance](#) separates counter pieces, measure the lengths on both sides of the appliance and add them together. Measure the width at the edge of the counter from the wall to the front of the countertop.

- Step 4

Include the overhang in your measurements. Add an inch and a half to any side not bordering a wall or appliance.

- Step 5

Record the backsplash measurements by measuring from the top of the countertop to the top of the backsplash. Sketch the backsplash onto your drawing along with the measurements.

- Step 6

Bring measurements to Flintstone Marble & Granite or Fax to 301-340-3056. If your interests include wanting more counter space added, be sure and mention this to the installer so they can include it in your estimate.

Read more: [How to Measure a Countertop | eHow.com](#)

http://www.ehow.com/how_2108142_measure-countertop.html#ixzz0rDFpuxHS

Fill out and fax this checklist to (301) 340-3056 or bring it to our showroom

Phone: 301-340-2320

Mon – Sat 9AM – 5PM

Fax: 301-340-3056

14702 South Lawn Ln

Web: www.flintstonetops.com

Rockville, MD 20850

Email: info@flintstonetops.com

1) Granite Name: _____

2) Edge: _____



3) Full Backsplash: **Yes** **No** If Yes, what Size of the Backsplash: _____

4) Removal: **Yes** **No** If Yes, Existing Countertop: _____

5) Type of Sink: **Drop In** **Undermount** **Plumbing:** _____

Your Name: _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____

Edges Profiles:

