

Project Name:	Price Needed By:
Project Location: Address City/State	Department: New Construction <input type="checkbox"/> Engineering <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Service Repair <input type="checkbox"/>
<b>PROJECT INFORMATION</b> (check all that apply)	
• Square Feet: <input style="width: 150px;" type="text"/>	Occupancy Classification & Construction Type <input style="width: 40px;" type="text"/>
• Number of Stories: <input style="width: 150px;" type="text"/>	B - Office <input type="checkbox"/> E- Educational <input type="checkbox"/> A - Assembly <input type="checkbox"/>
• Number of Buildings: <input style="width: 150px;" type="text"/>	S - Storage <input type="checkbox"/> M - Mercantile <input type="checkbox"/> Residential <input type="checkbox"/>
<b>TYPE OF PROJECT INDUSTRIAL</b> (CHECK ALL THAT APPLY)	
Warehouse <input type="checkbox"/> Type of Product <input style="width: 400px;" type="text"/>	
Storage Type - Rack <input type="checkbox"/> Roll Paper <input type="checkbox"/> ESFR <input type="checkbox"/> High Pile <input type="checkbox"/> Storage Height <input style="width: 40px;" type="text"/> Building Height <input style="width: 40px;" type="text"/>	
Commodity Classification - Type I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Encapsulated Yes <input type="checkbox"/> No <input type="checkbox"/> Aisle width <input style="width: 40px;" type="text"/>	
Manufacturing <input type="checkbox"/> Type of Use <input style="width: 400px;" type="text"/>	
<b>TYPE OF PROJECT COMMERCIAL</b> (CHECK ALL THAT APPLY)	
Office Building <input type="checkbox"/> Number of Buildings <input style="width: 40px;" type="text"/> Number of Floors <input style="width: 40px;" type="text"/>	
Office Tower <input type="checkbox"/> Number of Buildings <input style="width: 40px;" type="text"/> Number of Floors <input style="width: 40px;" type="text"/>	
Retail Stores <input type="checkbox"/> Description <input style="width: 480px;" type="text"/>	
Educational <input type="checkbox"/> Description <input style="width: 480px;" type="text"/>	
Healthcare <input type="checkbox"/> Description <input style="width: 480px;" type="text"/>	
Institutional <input type="checkbox"/> Description <input style="width: 480px;" type="text"/>	
Hospitality <input type="checkbox"/> Description <input style="width: 480px;" type="text"/>	
<b>TYPE OF PROJECT RESIDENTIAL</b> (CHECK ALL THAT APPLY)	
Apartment Building <input type="checkbox"/> Custom Residence <input type="checkbox"/>	
Condominium Residential <input type="checkbox"/> Assisted Living <input type="checkbox"/>	
<b>PROJECT DESCRIPTION</b>	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
<b>COMPANY</b>	<b>CONTACT</b>
Name:	Name:
Date:	Phone #: