

LOURENCOCONSULTANTS

5171 MacArthur Boulevard, NW • Washington, DC 20016
 (202) 966-0042 • (202) 966-1534 Fax • el@lourenconsult.com

PROJECT INFORMATION FORM

PLEASE COMPLETE THIS ONE TIME FORM AS IT WILL ASSIST US TO BETTER SERVE YOUR NEEDS. THANK YOU FOR YOUR HELP.		LCI Use Only	
Project Address		Project Name	
Party Responsible for Payment / Client Company Name		Name of Site Superintendent	
Billing Address		Site Contact Phone	Site Contact Fax
Client Point of Contact		Disciplines Requested <input type="checkbox"/> All <input type="checkbox"/> Building <input type="checkbox"/> Fire Protection <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Elevator	
Client e-mail		Number of Dwelling Units:	Number of Hotel or Dorm Rooms:
Client Phone	Client Fax		
Service Requested (Check all that apply) <input type="checkbox"/> 3rd Party Inspections <input type="checkbox"/> 3rd Party Plans Review <input type="checkbox"/> 3rd Party Shop Drawings (<input type="checkbox"/> Sprinkler <input type="checkbox"/> Fire Alarm)			
Type of Project (check all that apply) <input type="checkbox"/> Tenant Layout <input type="checkbox"/> New Addition to Existing Building <input type="checkbox"/> New Building <input type="checkbox"/> Base Building Only <input type="checkbox"/> Interior Alteration <input type="checkbox"/> Exterior Alteration <input type="checkbox"/> Alteration of Existing Space <input type="checkbox"/> Revision Permit <input type="checkbox"/> Other _____		Is there an Atrium? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the project include Elevator work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the Building a Mall Building? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the Building a High-rise? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of Building (check all that apply) <input type="checkbox"/> Mixed Use <input type="checkbox"/> Single Use <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Single Dwelling <input type="checkbox"/> Multiple Dwelling <input type="checkbox"/> Hotel <input type="checkbox"/> Elementary School <input type="checkbox"/> University Bldg <input type="checkbox"/> High School <input type="checkbox"/> Educational Other _____ <input type="checkbox"/> Child Development Ctr <input type="checkbox"/> Hospital <input type="checkbox"/> Jail <input type="checkbox"/> Institutional Other _____ <input type="checkbox"/> Museum or Theater <input type="checkbox"/> Restaurant or Bar <input type="checkbox"/> Religious <input type="checkbox"/> Institutional Other _____		Total Gross Floor Area in Scope: <div style="text-align: right;">SF</div>	Gross Floor Area Above Grade: <div style="text-align: right;">SF</div>
		Number of Stories Above Grade: Below Grade:	Height of Building: <div style="text-align: right;">Ft</div>
Please provide a brief description of the Project as well as any special requirements you may have.			