

LOURENCOCONSULTANTS

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REQUEST FOR PROPOSAL FORM

Thank you for your interest in our services.		LCI Use Only	
Project Address		Client Phone	Client Fax
Project Name		Client Company Name	
Client Point of Contact		Client e-mail	
Client Address		Disciplines Requested <input type="checkbox"/> All <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Building <input type="checkbox"/> Fire Protection <input type="checkbox"/> Plumbing <input type="checkbox"/> Elevator	
Service Requested (Check all that apply) <input type="checkbox"/> 3rd Party Plans Review <input type="checkbox"/> 3rd Party Inspections <input type="checkbox"/> 3rd Party Shop Drawings (<input type="checkbox"/> Sprinkler <input type="checkbox"/> Fire Alarm)		Number of Dwelling Units:	Number of Hotel or Dorm Rooms:
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"/> Assembly Other _____		Total Gross Floor Area in Scope: SF	Gross Floor Area Above Grade: SF
		Number of Stories Above Grade:	Number of Stories Below Grade:
3rd Party Plans Review: Approx date Permit plans will be delivered for review	3rd Party Inspections: Approx date Construction will begin	Number of Parking Spaces:	Height of Bldg: Ft
Brief Description of Project:			