

SPECIAL CONSIDERATIONS

Power:

110 220 Other

Location of Breaker Box: _____

Location of Temp Pole: _____

Booster Necessary:

Yes No

Time Schedule Considerations:

Arrival: _____

Departure: _____

Other Trades:

Yes No

Schedules: _____

Wet Work Complete:

Yes No

Expected Traffic Use:

High Low Average

Any Special or Unique Use:

Office Restaurant Retail Store

Bar Other

High Rise:

Yes No

Elevator:

Passenger Freight None

Stairways: _____ **Number of Flights:** _____

Hours of Access: _____ **Age of Facility:** _____

Art/Fixtures: _____

Removed Cover

Gas and Water Lines Disconnected:

Yes No

Toilets/Pedestals/Plumbing Fixtures:

Yes No

Plumber Information: _____

Existing Floor Covering Removal and Disposal:

Carpet Glued: Yes No

Vinyl Underlayment: _____

Tile Underlayment: _____

Wood Nailed/Glued: _____

Other

Disposal: _____

Trim and Moldings Removal: _____

Re-Use Trim:

Yes No

New Trim: _____ **Style:** _____

Amount Necessary: _____

Lead (pre-1978): _____ **Certified:** _____

Asbestos (pre-1986): _____ **Remediation:** _____
