



**QUESTIONNAIRE**

Member Name \_\_\_\_\_

Address of Project (*Street, City, State, Zip Code*) \_\_\_\_\_

General Contractor \_\_\_\_\_

Detailed Description of the Project: \_\_\_\_\_

Sprinkler/Other Fire Protection	Square Feet	Number of Stories
Completed Value:	Start Date:	Completion Date:

**FOR RENOVATION:**

Construction Type of Existing Building	X (check one)	Structural or Non-structural Renovation	X (check one)
Fire-Resistive/Non-Combustible		Structural (changes to load bearing walls/stairways)	
Masonry Non-Combustible		Non-structural:	
Joisted Masonry			
Wood Frame			

**FOR NEW CONSTRUCTION/ADDITION:**

Construction Type	X (check one)	Square Feet:	Number of Stories:
Fire-Resistive/Non-Combustible			
Masonry Non-Combustible			
Joisted Masonry			
Wood Frame			

ADDITIONAL REQUIRED INFORMATION TO ATTACH	X
Detailed cost breakdown	
Project summary/Scope of work	
Project Timeline	
Site plan	
Geotechnical report/Engineering survey	

Form Filled Out By/Signature \_\_\_\_\_ Date \_\_\_\_\_