

Commercial and Industrial Project Fee Estimate Questionnaire

PROJECT LOCATION

Address:

Parcel No(s):

Shopping Center Name (if applicable):

City:

State:

ZIP Code:

APPLICANT INFORMATION

Owner Name:

Owner's Representative:

Address:

Phone Number:

E-mail:

E-mail:

Fax:

CONTACT PERSON

Please circle preferred method of communication

Name:

Address:

Phone Number:

E-mail:

Fax Number:

WORK ESTIMATE

Value of work to be performed:\$

Anticipated date of submittal to Building Division:

Construction Type/ Square footage:

New_____

Shell_____

Tenant Improvement_____

Other (explain)_____

PREVIOUS USE

Name of previous business:

Previous use

___ Vacant

___ Restaurant

___ Retail

___ SFD

___ Office

___ Other (describe)_____

Previous Square Footage and use_____

PROJECT USE

Identify the different uses in the building and the approximate area devoted to each

Office Floor Area:

Retail Floor Area:

Industrial Floor Area:

Single Family Floor area:

Multi Family Floor Area:

Restaurant Floor Area:

Warehouse Floor area:

Other:

FIRE SPRINKLER AND ALARMS (IF WITHIN PLACER COUNTY FIRE PROTECTION DISTRICT)

Total number of heads for Fire Sprinkler System:

Total Number of devices for Fire Alarm System:

Building's Structural Materials?

___Block ___Metal ___Concrete ___Other (explain)_____

How many plumbing fixtures will you have?

___Toilets ___Lavatories ___Tub/Shower ___Water Heaters ___Dishwasher ___Garbage Disposal

___Sinks ___Laundry Trays ___Gas Appliance ___Washing Machine ___Septic System ___Grease Traps

___Sewer Connection ___Other (describe)_____

FOR OFFICE USE ONLY

Date Received:

Requested date for return of estimate:

Departments Estimate was routed to:

Building___ Planning___ DPW___ Env. Health___ Env. Engineering___ Eng/Surveying___

Please email the estimate form back to the technician you received it from upon completion