



LJP Construction Services – Project Information Sheet

Welcome! Thank you for considering us for your Quality Construction needs. We want your experience with LJP Construction Services to be exceptional. Please help by filling in the below form with as much information as you can - we understand not all of the questions apply to every project. Once completed, hit "SUBMIT". We will contact you with any questions we may have and send the proposal as quickly as possible so you can finalize all your budgets. If you'd rather talk to one of us directly please call M-L at 949-336-8903 or Jennifer at 949-336-8902.

PROJECT INFORMATION			
PROJECT NAME:			
STREET ADDRESS:		CROSS STREETS:	
CITY:	STATE:	ZIP CODE:	
PROJECT DESCRIPTION: Type(s): CHOOSE ONE CHOOSE ONE CHOOSE ONE Rental or For Sale?: CHOOSE ONE Clubhouse: CHOOSE Retail: CHOOSE Conversion: CHOOSE Green Building Program (if applicable): Current Project Status*: CHOOSE ONE Other:			
<i>*If Under Construction or additional notes are needed, please use note section below to describe current status</i>			
TOTAL UNITS:	BUILDINGS:	PLAN TYPES:	
MODELS:	STORIES:	EST. CONSTRUCTION START DATE:	
PHASES:	SUBTERRANEAN LEVELS:	EST. OBSERVATION START DATE:	
CONSTR. TYPE(S): CHOOSE CHOOSE	UNIT SQ. FT.:	EST. BUILD-OUT DATE:	

CLIENT INFORMATION			GENERAL CONTRACTOR INFORMATION		
LEGAL CONTRACTING NAME:			<input type="checkbox"/> SAME AS CLIENT INFORMATION		
COMPANY NAME:			COMPANY NAME:		
STREET ADDRESS:			STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:
CONTACT NAME:			CONTACT NAME:		
TITLE:			TITLE:		
PHONE:	EXT.:		PHONE:	EXT.:	
FAX:			FAX:		
CELL:			CELL:		
E-MAIL:			E-MAIL:		
REFERRED BY:					

INSURANCE INFORMATION

SERVICES MANDATED BY INSURANCE?: **CHOOSE ONE**

INSURANCE BROKER NAME:

PHONE:

EXT:

EMAIL:

WHOLESALE NAME: (IF APPLICABLE)

INSURANCE CARRIER NAME:

PRIMARY INSURANCE CONTACT:

PHONE:

EXT:

EMAIL:

SPECIAL NOTES

Thank you. On the next page you will find a list of the services we can provide. Please check the items you would like included in the proposal. If you are not sure what your insurance carrier requirements are, give us the name of the Carrier, and we'll indicate all their minimum requirements.

Service(s) Requested: (for proposal purposes; check all that apply)	Details
Pre-Construction:	
<input type="checkbox"/> Plan Review (options below):	
<input type="checkbox"/> a. Focused Review (CR)	Acoustical & Waterproofing Review
<input type="checkbox"/> b. Constructability Review (CR)	Full coordination review, including Focused Review, ADA, code compliance, etc.
<input type="checkbox"/> c. Waterproofing Review (CR)	Waterproofing ONLY
<input type="checkbox"/> d. Green Program (CR):	
<input type="checkbox"/> e. Custom Review (CR):	Fire only, ADA only, etc.
<input type="checkbox"/> Waterproofing Consulting	
<input type="checkbox"/> Shop Drawing/Submittal Review (SUBMITL)	
<input type="checkbox"/> Trade Scope Review (SR)	
<input type="checkbox"/> Existing Conditions Documentation (EXC)	
<input type="checkbox"/> Pre-Conversion Report	
During Construction:	
<input type="checkbox"/> Photo Documentation: (PD)	
<input type="checkbox"/> a. Below Grade/Podium Level (PDBG)	
<input type="checkbox"/> b. Common Areas (PD)	
<input type="checkbox"/> c. Residential Units (PD)	
<input type="checkbox"/> d. Waterproofing Consulting (PD)	
<input type="checkbox"/> HERS Rating/Energy Star (HERS)	
<input type="checkbox"/> Other Green Building Verification:	
<input type="checkbox"/> HERS Registry Fees (CalCerts/CHEERS)	
<input type="checkbox"/> LEED Registry Fees (DEG)	
<input type="checkbox"/> LEED (DEG) Provider Fees	
Post Construction:	
<input type="checkbox"/> HOA Maintenance Manuals	
<input type="checkbox"/> (options below):	
<input type="checkbox"/> a. Custom (HOA)	
<input type="checkbox"/> b. Standard (HOA)	
<input type="checkbox"/> Individual Homeowner Resource Guides (HOMG)	
<input type="checkbox"/> Homeowner Manual of Green Features (HOMG-G)	
<input type="checkbox"/> Turnover Walk Documentation (TOW)	
<input type="checkbox"/> Annual Maintenance Review (AMR)	
<input type="checkbox"/> Property Assessment Report (PCAR)	
Specialty Services:	
<input type="checkbox"/> Expert Witness Services (EXP)	
<input type="checkbox"/> Draw Requests	
<input type="checkbox"/> Asset Management	
<input type="checkbox"/> Reserve Studies	
<input type="checkbox"/> Mold Investigations	
<input type="checkbox"/> Reconstruction Management	
<input type="checkbox"/> Insurance Review	
<input type="checkbox"/> Building Excellence in Superintendents Training™ (BEST)	
<input type="checkbox"/> Other:	

SUBMIT