

PROJECT DETAILS

Date: _____	Jurisdiction: _____
Job Name: _____	Inspector Phone: _____
Site Address: _____ _____	Building Permit: _____
Site Phone: _____	Plumbing Permit: _____
E-mail: _____	Electrical Permit: _____
Client Main Contact: _____	Mechanical Permit: _____
Best Time for Contact: _____	Phone: _____
Optional Contact: _____	Cellular: _____
Project Manager: _____	Phone: _____ Pager: _____
Consultant: _____	Phone: _____

SITE INFORMATION

Alarm System: _____ Alarm Code: _____

Alarm Company: _____ Alarm Company Phone: _____

Children:	Name	Age	Will they be on-site?

Pets:	Name	Kept Inside	Kept Outside
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Lock Box Location: _____

Bathroom for Craftsperson's Use: _____

Telephone for Craftsperson's Use: _____

Best Access to Work Area: _____

Area for Staging Materials: _____

Job Sign Location: _____

SITE INFORMATION

Alarm System:

- Workers parking restrictions and locations?

- What existing appliances are to be re-installed? Where they will be stored?

Existing Appliance	Stored

- How existing cabinets will be disposed.

- Which existing moldings are to be re-used; which are to be replaced?

- Delivery method and path into kitchen or bath.

- Temporary storage site for cabinets and tools.

- Installer's access to electrical power and water.

Workers' access to site bathroom facilities.

Who to contact if installer has questions or problems.