



Project Evaluation Request

Residential _____ Commercial _____ Date: _____, 200_____

Client Name: _____ Primary Number: _____
 Client Address: _____ Cell Number: _____
 City/State/Zip: _____ Fax Number: _____
 Primary Contact: _____ Email Address: _____

Property Information	
Property Owner:	Utilities:
Owner Phone #:	Septic System: Yes _____ No _____
Project Address:	Sewer District:
City/State/Zip:	Private Well: Yes _____ No _____
Within City Limits: Yes _____ No _____ / County: _____	Community Well: Yes _____ No _____
Known Environmental Issues (streams/rivers, wetland, steep slope):	Public Water District:
	Electric Service Provider: _____

Project Information	Additional comments you believe will be helpful:
Type of Building:	
Use of Building:	
Building Dimensions (LxWxH):	
One Story _____ Two Story _____ Total Sq Foot:	
Finished Sq Foot: Unfinished Sq Foot:	
Insulated: Yes _____ No _____	
Heated: Yes _____ No _____ Type:	<u>DPS Contact Info:</u> 360-546-5551 / 360-546-5552 (fax) PO Box 3070, Battle Ground, WA 98604
Project Value (Materials & Labor):	

Referral Source Information: (optional but very helpful)	
Where you referred by an individual or company? Yes _____ No _____	
If YES who? _____ & phone # _____ We would like to thank them.	
If NO, by what other source did you first hear about us? _____ Web Search Engine: which one _____	
_____ Newspaper: which one _____	_____ Yellow Pages Directory
_____ Flyer: where _____	_____ BIA Directory/Website
_____ Booth at a show: which one _____	_____ Other _____