



Home Improvement Registration Numbers

**NJ 13VH05017900
PA 1168**

Please complete and submit the following form. If for some reason you are unable to email it, you may print it out and fax it to 610-588-3533.

Note: Fields marked with an asterisk (*) are required.

Project Information Form

Contact Information

*First Name: _____
*Last Name: _____
Home Phone: _____
Mobile Phone: _____
Home Fax: _____
*Home Email: _____
Work Email: _____

Project Information

* Project Type: Residential Commercial

Square Footage of Each (Approximate)

Existing Square Footage: _____

Project Square Footage: _____

*Brief description of project and other comments:

Project Address

Street 1: _____

Street 2: _____

***City:** _____

***State:** _____

***Zip:** _____

Year Structure Built: _____

***Occupancy During Construction?** Yes No

***Have You Consulted with an Architect?** Yes No

If so, who is the Architect/Designer? _____

***Time Spent Considering the Project:** _____

***Budget:** _____

Select the (5) most important criteria related to your decision on selecting a contractor:

- | | |
|------------------------------|---------------------------------------|
| Quality of Construction | In House Employees vs. Subcontractors |
| Communication | Protection from Liability |
| Supervisor on Site Daily | Warranty and Follow-Up |
| Clean and Safe Jobsite | Attention to Detail |
| Award-Winning Contractor | Ability to Complete Project on Time |
| Member of Trade Associations | Budget |

General Questions

Homeowner Association Member? Yes No

Historical District? Yes No

Current Home Value: _____

Amount of Homeowners Insurance: _____

***Are other contractors looking at this project?** Yes No

If yes, please indicate number of bidders: 1-2
3-4
5+

Have you ever remodeled before? Yes No

**If yes, what did you like and dislike about
how your past projects were handled?**

Other Areas of Concern:

Type of experience you're looking for: