

Fair Housing Job Estimate Questionnaire

ACCESSOLOGY



Request for Proposal for: ____ Plan Review ____ Site Inspections ____ Both

Is this project state or federally funded? _____

Project Name

Property Street Address
Property City, State, Zip

Company Name

Contact Name

Billing Street Address
Billing City, State, Zip
Email
Phone / Fax

Type of Project:

- | | | | |
|-----------------|--------------------------|-------------------|--------------------------|
| Student Housing | <input type="checkbox"/> | Assisted Living | <input type="checkbox"/> |
| Luxury Apts. | <input type="checkbox"/> | Apartments/Condos | <input type="checkbox"/> |
| Section 8 | <input type="checkbox"/> | Other: | <input type="checkbox"/> |

Total Square Footage	_____	Total # of Units	_____
# of Bldgs	_____	# Elevators	_____
# of Floors	_____	Date Plans Ready	_____
Construction Start Date	_____	Estimated Completion Date	_____
# of Unit Types w/o Kitchens	_____	# Unit Types with Kitchens	_____
Parking Type (Garage or Lot)	_____	# Parking Areas	_____
# of Parking Floors	_____	# of Parking Elevators	_____

List all amenities (pools, clubhouse, courtyards, fitness center, outdoor sport areas, picnic areas, trails):
