

Commercial Spec Form

Please list the following information:

Project Name: _____ *Location:* _____

Bid Date: _____ *Time:* _____

Contact: _____ *Phone#:* _____

Cell/Pgr. # _____ *Fax#:* _____

Owner: _____ *Phone#:* _____

Arch: _____ *Phone#:* _____

(For Select Bidding Projects Only)

General Contractor(s) Bidding: _____ *Phone#'s & Fax#'s:* _____

Divisions Bidding:

- | | | | |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> Site Construction | <input type="checkbox"/> Metals | <input type="checkbox"/> Finishes | <input type="checkbox"/> Special Construction |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Wood & Plastics | <input type="checkbox"/> Specialties | <input type="checkbox"/> Conveying Systems |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Thermal & Moisture Protection | <input type="checkbox"/> Equipment | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Doors & Windows | <input type="checkbox"/> Furnishings | <input type="checkbox"/> Electrical | |

Special Bidding / Construction Instructions:

Who to return plans to:

We would like to thank you for taking the time to fill this form out. Have a great day.

PCCA Planroom Coordinators