



# BNK Job Information Sheet

## General Information

You can mouse hover over the boxes for more information

Job Name and Suite Number:

Date:

Requested Preliminary Drawings Due Date:

Date:

Time

Requested Final Drawings Due Date  
This is the minimum change as needed:

Date

Express Review Date and **TIME** if any:

Date:

Time

Trades:

Sprinkler  Plumbing  Mechanical  Electrical  Fire Alarm

Type Of Work

Fit-Up  Renovation  New Building  Addition

Dentist Office  Dr's Office  Restaurant  Warehouse  Other

Scope Of Work

Building Name and Address:

Total Floor Square Feet

Total Area of Work

Billing Requested

Fixed:   Hourly

## Contact Information:

Contact At your Office

Contact Email Address: (Input only ONE)

Contact Address and Phone Number

Can We Contact Client Directly?

Yes  No

Client Contact Name:

Client Contact Email

Client Contact Phone Number:

Contact to access space:

Contact to access Email

Contact to Access Phone Number

## General Information

When Can building be Accessed?

Is the space occupied?

Under what code should we design?

Existing Engineering Drawings Showing

Yes  No If so, where:

Current Conditions Available:

When was the building built?

Any Special Ceilings?

Yes  No Notes:

Is Ceiling Rated?

Yes  No

Rated Walls Shown:

Yes  No

Give all UL listing for all rated assemblies.

Special Rated Wall Requirements

Non Rated Walls To Deck Shown?

Yes  No

### Mechanical Information:

Building North Arrow Shown

Yes  No

Computer Room Equipment

Special HVAC

Yes  No Notes:

Separate HVAC

Yes  No Notes:

### Electrical Information:

Fire Alarm Horn/Strobe Locations

Ceiling Mounted  Wall Mounted  Both

Light Locations Shown

Yes  No

Light Fixture Type Shown

Yes  No Notes:

Special Lighting

Yes  No Notes:

Switch Locations Shown:

Yes  No

Special Switching:

Data Phone Cabling By Others

Yes  No

Receptacle Locations Shown

Yes  No

Special Power Requirements:

Computer Room Equipment

Cubicle Power:

Yes  No

Cubicle Wiring Configuration:

How Many Cubes Per Circuit?

Separate Electrical Service?

Yes  No

Separate Meter for Equipment

Yes  No If so, what equipment:

## Plumbing Information

Water Main Location

Sewer Main Location

What type of Water Closets?

Flush Valve  Tank

How shall they be mounted?

Wall  floor

Floor Drains

Add only if Required  Add Even if Not Required

Lavatories

Counter Top Ovals  Drop In  Under Counter Mount

Shall Counter top Lavatories be Handicap?

Yes  No

Roof Drains

Roof Drains  Scuppers  Gutters

Water Heater

Connect to Existing

Install New In Cabinet  Install New Above Ceiling

Gas  Electric

## Fire Protection Information:

Any areas with Special Heads?

Yes  No Notes:

Are there any specialty Systems Required?

Yes  No Notes:

## Miscellaneous Information:

Kitchen Equipment

Dishwasher:  Separate Ice Maker  Ice Maker in Refrig

Water to Coffee Maker  Disposal  Microwave

Special Kitchen Equipment

Misc. Notes:

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