

Please fill out the **Project Data Profile** to initiate the process

Date: \_\_\_\_\_

## CONTACT INFORMATION

\*NAME: \_\_\_\_\_

\*TITLE: \_\_\_\_\_

\*COMPANY NAME: \_\_\_\_\_

\*ADDRESS: \_\_\_\_\_

\*CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\*TELEPHONE (where you can be reached between M-F 7:30 a.m. and 4:30 p.m. ET)

TEL#: \_\_\_\_\_ FAX#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## SCOPE OF WORK SUMMARY

### COMMERCIAL:

\_\_\_\_\_ NEW

\_\_\_\_\_ UP FIT

\_\_\_\_\_ MODIFY USE

\_\_\_\_\_ OTHER: \_\_\_\_\_

### RESIDENTIAL:

\_\_\_\_\_ NEW

\_\_\_\_\_ RENNOVATION

\_\_\_\_\_ REMODEL

\_\_\_\_\_ OTHER: \_\_\_\_\_

# DOW INCORPORATED

◆ LICENSED GENERAL & RESIDENTIAL CONTRACTOR ◆

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## HISTORIC

\_\_\_\_\_ PRESERVATION

\_\_\_\_\_ RESTORATION

\_\_\_\_\_ REPAIR

\_\_\_\_\_ OTHER: \_\_\_\_\_

PROJECT LOCATION: STREET ADDRESS/CITY: \_\_\_\_\_

City \_\_\_\_\_ STATE: \_\_\_\_\_

**OTHER SERVICES REQUIRED:** \_\_\_\_\_

\_\_\_\_\_ GENERAL SITE ASSESSMENT

\_\_\_\_\_ INVASIVE TESTING

\_\_\_\_\_ OTHER: \_\_\_\_\_

## IMMEDIATE ACTION REQUIRED

\_\_\_\_\_ SCHEDULE OFFICE CONSULTATION      DATE: \_\_\_\_\_

\_\_\_\_\_ SCHEDULE SITE VISIT      DATE: \_\_\_\_\_

\_\_\_\_\_ MEET WITH DESIGNER

NAME AND CONTACT NUMBER: \_\_\_\_\_

\_\_\_\_\_ MEET WITH ARCHITECT

NAME AND CONTACT NUMBER: \_\_\_\_\_

\_\_\_\_\_ MEET WITH ENGINEER

NAME AND CONTACT NUMBER: \_\_\_\_\_

You can print and fax the completed form to (843) 747-8167, or if you are using a current version of Adobe you can click the button to send by email.

Office: 843-308-0600 FAX 843-747-8167

Scott Dow (Cell) 843-364-6711

Dow, Inc. ~ P.O. Box 727 ~ Mt. Pleasant, SC 29465