

CONTRACTOR

ADDRESS

PROJECT INFORMATION

4161 TAMIAMI TRAIL – SUITE 101 PORT CHARLOTTE, FL 33952

Ph: (941) 391-5980 or Fax: (941) 979-8195

Email: orders@fleng.com

Owner Builder Pool Order Form

Reminder: Please provide pool plan drawings, dimensions, depth, returns, skimmer, lights, and pool equipment. If requesting a site plan/drainage, please include a topographical survey.

Company	License #
Contact Person	Email
Office Phone C	ell PO #
Mailing Address	City State Zip
Property Owner Name	Phone
Job Address	City
Zip County	Parcel No
SCOPE OF WORK Reside	ential Commercial
New Pool Engineering Addition/Existing Pool Pump Calculations/TDH	Pool Details:ConcreteFiberglassBiodesignPool DimensionsPool Depth:Min
Extras Plumbing Schematic Drainage Plan (+\$750) Retaining Wall Detail Fall Protection Detail Footer Detail Screen Enclosure (Varies)	Pool Equipment (specification/model): Pump Filter Main Drain Cover Heater Distance of Pool Equipment Pad from the pool (approx.) Preferred Pipe Sizes: Branch Trunk
Additional Information (As applicable, provide preferred locations, numbers for pool return, skimmer, light, & other pool accessories)	

PLEASE SELECT ONE METHOD OF RETURN

Mail Electronic Signature Pickup

ee)

Mail AND Electronic Signature (+\$50 fee)

Rush Job

3-5 business days Fee based on specific project.