

Commercial & Residential Order Form

Please provide all necessary documents: floor, foundation, elevation, electrical and truss plans; equipment requirements; etc. Please indicate specific additional requirements on this form.

PO # _____

FLENG ACCOUNT

Company _____ License # _____
 Contact Person _____ Email _____
 Office Phone _____ Cell _____ Fax _____
 Mailing Address _____ City _____ State _____ Zip _____
No PO Boxes

Contractor On Plans (Company Name): _____

PROJECT ADDRESS

Property Owner Name _____ Phone _____
 Job Address _____ City _____
 Zip _____ State _____ County _____ Parcel No. _____

CHECK ALL THAT APPLY

☐ New Construction ☐ *Repeat Model ☐ Residential Project ☐ Commercial Project
☐ CMU ☐ ICF ☐ Wood ☐ SIPS ☐ Renovation ☐ Addition
 Indicate Model Name: _____
 Other _____

SCOPE OF WORK

☐ Structural Engineering ☐ MEP Engineering
☐ Foundation Plan ☐ Energy Calculations
☐ Conventional Roof Framing ☐ Blower Door Testing
☐ Life Safety Plan
☐ Photometric Plan

Residential Civil

☐ Site/Drainage
☐ Septic **Request Drainfield Location**
☐ Front Yard
☐ Side Yard
☐ Back Yard
☐ Well Water
☐ Recessed Shower

*For Repeat Engineering Requests, please only send truss plan, site surveys, etc. as needed. Indicate Model Plan name that is on file with our firm that will be used for this project.

ADDITIONAL

Additional Information _____

PLEASE SELECT ONE METHOD OF RETURN

☐ E-File ☐ Pickup (+\$100)
☐ Mail (+\$100)