QUOTE/BUDGET REQUEST

K-CON BUILDING SYSTEMS

www.kconinc.com
800-394-5266

P.O. Box 70904
N. Charleston, SC 29415
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843-745-0436 fax
info@kconinc.com

Name & Location of Project:		
Name:		
Email:	Phone:	Date:

PROJECT TYPE
☐ Building ☐ Guard Booth
☐ Range Tower ☐ Roof

Budget $ _____
Funded ☐ Yes ☐ No
When do you plan on purchasing?
_____

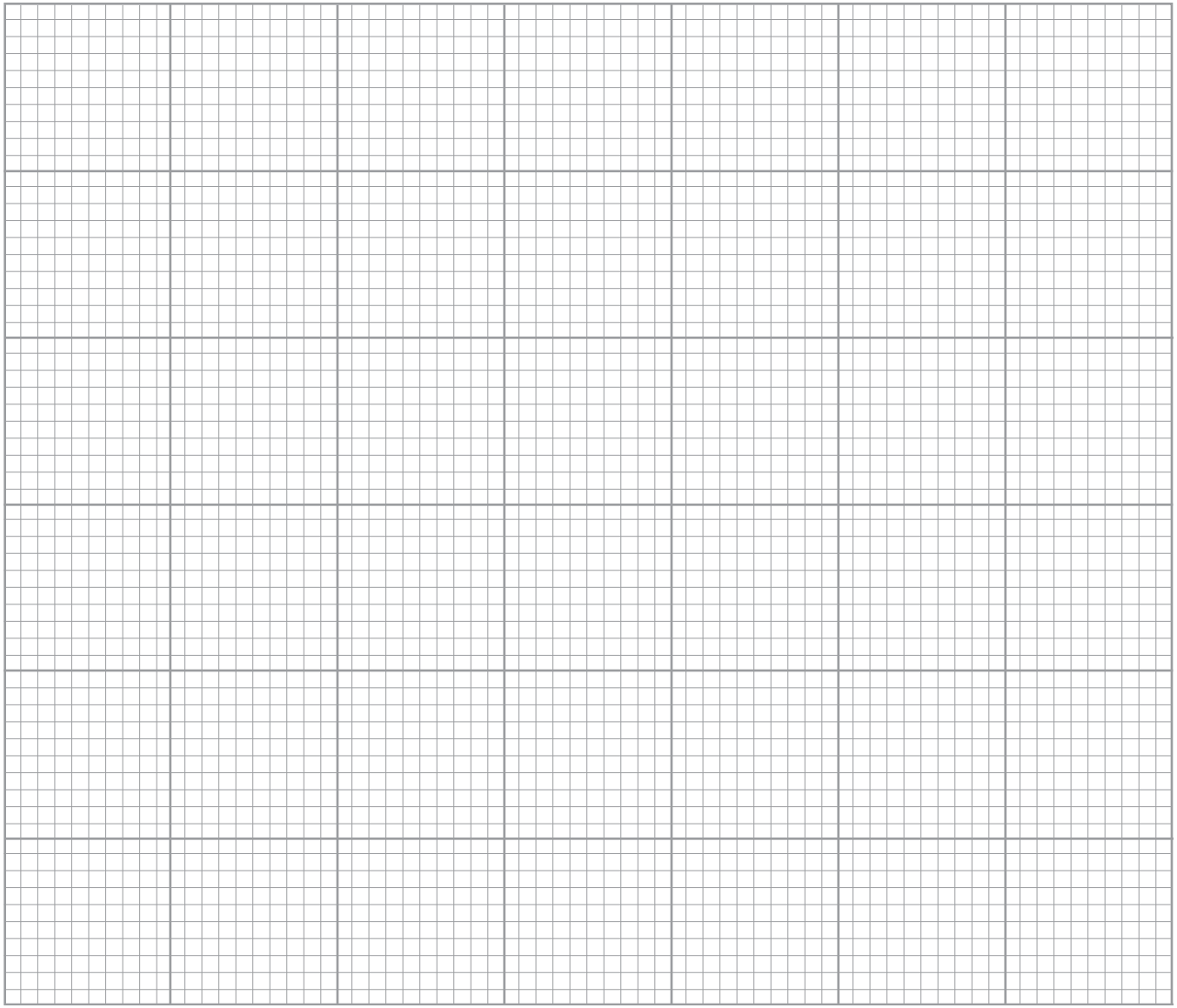
Contract Vehicle (GSA, 8(a), SDVOB)
_____

SITE INFO *Current Site*
☐ soil ☐ concrete
☐ asphalt ☐ grass
☐ gravel ☐ wooded
☐ sloped Demo Req.? ☐ Yes ☐ No

PROJECT SPECIFICS
Lenght _____ Width _____
Height _____ Roof Pitch_____

How many offices/rooms? _____
Storage Space ☐ Yes ☐ No
Mezzanine? ☐ Yes ☐ No

Plumbing ☐ Yes ☐ No
Electrical ☐ Yes ☐ No
HVAC Heat ☐ Yes ☐ No
HVAC Air ☐ Yes ☐ No
HVAC Ventilation ☐ Yes ☐ No

Access: How many doors?
Man _____ Vehicle _____
Size(es)? _____

Addt'l Project Needs (solar, LEED)
_____