					Revision 07/0	1/2013	QCRF-005	
	CL	LIENT FILE JOE	SUBMI	FTAL FORM				
	Plea	se complete and email	to: Custome	r Service Departmen	t			
		Email: Cincinnati@e-a	urc.com Pl	hone: 513.326.2300				
		CONTACT INFO	DRMATION					
Name of Company (putting job on fil	job on file): PCA Architecture, PSC							
Primary Contact:	Jim Kaiser	Jim Kaiser Secondary Contact: Whitney Marshall						
Phone No: 859.578.60	002 Fax No:	859-431-8611	1	E-mail:	jkaiser@p	oca-arch.com		
		PROJECT INFO	RMATION					
Project Name:	Kitchen Renovation - Ft. Mitchell Fire Department			Date	Date Submitted: 2023.03.28			
Project Address:		2355 DIXIE HWY	, FORT MITCH	IELL, KY, 41017				
Project Bid Date & Time:	May 1, 2023 - 2:0	00 PM	Estima	ted Length of Project:	4 months			
Pre-Bid Date & location:	Ft. Mitchell Fire	Department on April 10 at 2:	00 PM		PO# (if required):			
Are there any restrictions on bidders?								
May bidders order partial sets?	Yes or No		May bidders o	order Electronic Version ?	Yes	or	No	
		DEPOSIT INFORMA	ATION (if appli	icable)				
Does this project require a deposit?	Yes	or No	(if NO skip to Planw	vell Section)	Refundable	e or	NON- Refundable	
Deposit Amount:	\$50.00/Set	Payable To:		The City of Fort	Mitchell			
How many deposit sets may a bidder								
What are the requirements for a refun	nd?	Resona	able, in good cor	ndition, at ARC's direction	l.			
Where should bidders return sets for refund? AEC Reprographics				Return deadline: May 15th, 2023				
Who is responsible for returning depo		for returned sets. PCA for				<u>,,</u>		
		Tor retained sets. FCA for s		Architecture				
Who receives the billing for this proje								
Who receives the billing for delivery/		g charges on sets ordered by	bidders?		Company placing	gorder		
Who receives forfeited checks (check	· <u> </u>	ANWELL PUBLISHIN	NG INFORM	PCA Architecture				
Would you like your project publishe				Publi	C	Private		
		ig area :		1 001	C or	Flivate		
If private, please designate a passwor				N7				
May we release the plan-holders list i	nformation?			Yes	or	No		
If you would like, this plan-holders list can be password protected. If so, please designate a password:								
Would you like us to Automatically send out a Distribution to the Planrooms on your ITB SPECIAL INSTRUCTIONS (Plea				Yes	or	No		
		<u>SFECIAL INSTRU</u>	(Plea	ase attach separate sheet)				
Client Signature:			Date:	2023.03.28				
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