Georgia Black Constructors Association

Residential Renovation & Home Improvement Consultation

678.750.3486 | Connect@gablackconstructors.org | www.gablackconstructors.org

RESIDENTIAL PROJECT FEASIBILITY CONSULTATION

Consultation Investment: $99.99

This consultation evaluates your project scope, budget, existing conditions, permitting considerations, contractor readiness, and recommended next steps. If a GBCA Member General Contractor is selected, the consultation investment may be credited toward eligible pre-construction services.

HOMEOWNER & PROPERTY INFORMATION

Homeowner Full Name:	**Email:**
Home / Office Telephone:	**Mobile:**
Address of Property or Land:	
City:	**State:**
Zip Code:	

CONTACT PERSON, IF OTHER

Contact Person Name:	**Email Address:**
Home / Office Telephone:	**Mobile:**

PROJECT TYPE (SELECT ALL THAT APPLY)

☐ Kitchen	☐ Bathroom	☐ Addition
☐ Basement	☐ Roofing	☐ Exterior
☐ Whole Home	☐ Porch / Deck	☐ Other: _____
Square Footage of Addition or Renovation:		

BUDGET & TIMELINE

Estimated Budget:	**Desired Start Date:**

EXISTING PLANS

Item	Yes	No
Are there current plans/drawings for this project?	Yes ☐	No ☐
Do you need an Architect?	Yes ☐	No ☐
Do you need Financing Assistance?	Yes ☐	No ☐

GBCA SERVICES REQUESTED (SELECT ALL THAT APPLY)

☐ General Contractor	☐ Design Assistance	☐ Permit Assistance
☐ Project Management	☐ Financing Referral	☐

RENOVATION DESIGN

Item	Yes	No
Is there a preliminary idea of design style or reconfiguration?	Yes ☐	No ☐
Are there current plans/drawings available for review?	Yes ☐	No ☐
If a major addition requiring drawings/design — do you have an Architect?	Yes ☐	No ☐
If no, do you desire/need to work with a GBCA Architect?	Yes ☐	No ☐

GENERAL CONSTRUCTORS

Item	Yes	No
Do you have a licensed state contractor currently working with you?	Yes ☐	No ☐
If yes — Name of Contractor: _____ *Company Name:* _____		
Have you released the former company of its previous obligation?	Yes ☐	No ☐
If no, what is your plan to incorporate another constructor? _____		
If yes, is he/she a Member of the GBCA?	Yes ☐ No ☐ Unknown ☐	

PROJECT GOALS

Please briefly describe your project. If you are seeking a specific construction type or material, please note it here:

_____

_____

_____

_____

_____

_____

_____

SUBMISSION & SCHEDULING

Upon completing this form, please scan in its entirety and email it back to GBCA at: **Connect@gablackconstructors.org**

Preferred Contact Method:	**Best Time to Reach You:**

Follow-Up Meeting — please give two dates and times to discuss the returned form:

1. Date: _____, 20___ Time: _____	**2. Date: _____, 20___ Time: _____**

CONSULTATION AGREEMENT

I understand that this questionnaire is used to evaluate project feasibility and prepare recommendations for my residential project.

Signature / Typed Name (indicates signature):_____

Date: _____

Click For Payment: