



# PROJECT TAKEOFF CHECKLIST

Contact Name	Contact Name
Company Name	Company Name
Email	Email
Phone Number	Phone Number
Union, if so hall number	Hall Number
Project Name	Project Name
County	County
State	State
Rebar Installation Start Date	Start Date

## PROJECT INFORMATION

Takeoff will be provided within two (2) weeks of receipt of plans. If needed prior, please note in email with plans. Plans needed for a full takeoff include Elevation, Cross Section, Rebar List, Deck Plan. Please also include as much information below as possible.

Structure Qty	<input type="checkbox"/> Single	<input type="checkbox"/> Multiple, How Many Structures QTY
Square Footage	Square Footage sf.	Square footage for total project (all structures)
Width	Width ft.	Maximum Width (Rail to Rail) required
Length	Length ft.	Total Length for all structures
Variable Width	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>YES</b> , Min Width: Enter Min ft. Max Width: Enter Max ft.
Horizontal Deck LBS	Pounds lb.	All Longitudinal and Transverse bars placed before concrete pour.
Tie Coverage	Bottom Mat 0,33,50,100 %	Top Mat 0,33,50,100 %
Tie Wire Type	<input type="checkbox"/> Black <input type="checkbox"/> Epoxy <input type="checkbox"/> Both <input type="checkbox"/> Stainless	Check all that apply
Cross Slope	Percentage %	Does this vary? <input type="checkbox"/> Yes <input type="checkbox"/> No, Max: Enter %
Grade	Percentage %	Does this vary? <input type="checkbox"/> Yes <input type="checkbox"/> No, Max: Enter %
Rebar Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>NO</b> , do you have an estimated total weight? Weight



## OTHER NOTES & ADDITIONAL PROJECT INFO

Question:	Answer:
Any known obstructions on the deck?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what are they?	Protruding sidewalk bars? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Protruding barrier bars? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Others? Please explain
Is this project divided into phases/stages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you planning on completing them in the same year as the start date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the schedule for each phase/stage?	Stage Name, Stage Date Stage Name, Stage Date Stage Name, Stage Date Stage Name, Stage Date
If no, how long between each phase/stage?	Time Between Phase/Stage Choose an item.
Notes:	Click or tap here to enter text.

## CONTACT US

ACR ESTIMATING CONTACT INFORMATION:

SEND PLANS & INQUIRIES TO:  
[ESTIMATING@CONSTRUCTIONROBOTS.COM](mailto:ESTIMATING@CONSTRUCTIONROBOTS.COM)

LELY WILLIAMS  
Operations Coordinator  
412-756-3360 EXT 55121