Digital Plan Room Worksheet

Project Information	
Project Name: Project Number:	Champaign County Nursing Home Chiller Compressor Replacement 7059
Project Number	1039
Project Description	Project consists of: Replacing the failed York refrigeration compressor with a new York compressor.
Please include the f	following:
1. Is there a deposit	t required? Yes Amount: \$50 Payable to: County of Champaign
If ahimming to be no	Shipping to be paid by: Contractor
if snipping to be pa	id by Project Manager, your shipper and shipping number: Shipping by Contractor
2. If no deposit, wh	o is paying for: Printing N/A Shipping N/A
3. Are you allowing	g partial sets to be printed? No
4. Max. Number of	sets allowed. Generals 1 Subs 1 Suppliers 1 Planrooms? No
	If yes, list on back. g this job to be downloadable? Yes r downloads: architect or contractor? Contractor
Pre – Bid Date & T	Time: May 17, 2017 Location of Pre-Bid Meeting Lyle Shields Conference Room 3:00 pm Brookens Administration Center
	1776 East Washington Street, Urbana, IL 61821
Bid Date & Time:	June 1, 2017, 3:00 pm Location of Bid opening Lyle Shields Conference Room
_	Brookens Administration Center
	1776 East Washington, Urbana IL 61821
Project Contact /	Company Name: GHR Engineers and Associates, Inc.
Project Manager:	Address: 1615 South Neil Street, Champaign, Illinois 61820
	Persons Name: John Meerdink email: jmeerdink@ghrinc.com
	Phone Number: <u>217-356-0536</u> Fax: <u>217-356-1092</u>
Client / Owner: CC	CAS Client Contact: Dana Brenner
	: Washington, Urbana, IL Phone Number: 217-384-3765
Project Type: Mec	hanical - Chiller Compressor Replacement
Approximate Price	Range of Project: \$50,000 - \$100,000
	bidder's list available for viewing by the public? Yes
Is this a private bid	project?_No