# TABLE 3.0: PROJECT IDENTIFICATION

## PROJECT SUMMARY

**PROJECT NAME:**

**ORGANISATION NAME:**

**CITY/TOWN:** **STATE:** **POSTCODE:**

**BUILDING TYPE:** **BUILDING SQUARE METRES:**

**NUMBER OF FLOORS:** **ESTIMATED NUMBER OF OCCUPANTS:**

**SLAB–ON–GROUND:** YES NO **LEVELS BELOW GROUND:** YES NO

**MECHANICAL COOLING:** YES NO **MECHANICAL VENTILATION:** YES NO

**RENEWABLE RESOURCES USED:** YES NO **ON–SITE POWER GENERATION:** YES NO

**ESTIMATED ANNUAL OCCUPANCY HOURS:**

## ORGANISATION CONTACT

**CONTACT PERSON TITLE:**

**TELEPHONE FAX:**

## DESIGN PROFESSIONAL CONTACTS

**ARCHITECTURAL FIRM:**

**ARCHITECT NAME TITLE:**

**SUPPORT STAFF NAME TITLE:**

**CITY/TOWN STATE POSTCODE:**

**TELEPHONE FAX:**

## ENGINEERING FIRM

**ENGINEER NAME TITLE:**

**SUPPORT STAFF NAME TITLE:**

**CITY/TOWN STATE POSTCODE:**

**TELEPHONE FAX:**

**18** Life Cycle Cost Guidelines

## SPECIAL DESIGN CONSIDERATIONS

**ANALYSIS OBJECTIVE:**

**PROJECT DESCRIPTION:**

**OPERATING/SUPPORT SCENARIOS:**

**CONSTRAINTS/ALTERNATIVES:**