



STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PROPERTY MANAGEMENT AND CONSTRUCTION

NOTICE OF CONSULTANT PREQUALIFICATION

FIRM: SEAWOLF CONSTRUCTION CORP.
ADDRESS: 505 NORTH BROAD STREET, SUITE 111
ELIZABETH, NJ 07208

INITIAL REVISED RENEWAL

DATE OF ISSUE: OCTOBER 19, 2020
EXPIRATION DATE: OCTOBER 31, 2022
FEDERAL ID NUMBER: 203 482 446

MBE WBE SBE DVOB

The Experience Questionnaire (FORM 48A), submitted by your firm, has been reviewed. As a result of this review, your firm may be invited to submit proposals for projects involving the checked discipline(s) having a not to exceed Construction Cost Estimate (CCE) as noted. For the purposes of this form, NA = no fixed amount.

- | | |
|---|---|
| <input type="checkbox"/> ARCHITECTURE _____
<input type="checkbox"/> ELECTRICAL ENGINEERING _____
<input type="checkbox"/> HVAC ENGINEERING _____
<input type="checkbox"/> PLUMBING ENGINEERING _____
<input type="checkbox"/> CIVIL ENGINEERING _____
<input type="checkbox"/> SANITARY ENGINEERING _____
<input type="checkbox"/> STRUCTURAL ENGINEERING _____
<input type="checkbox"/> MECH. ENG. (ELEV., CONVEYORS, ETC.) _____
<input type="checkbox"/> SOILS ENGINEERING _____
<input type="checkbox"/> FIRE PROTECTION ENGINEERING _____
<input type="checkbox"/> ENVIRONMENTAL ENGINEERING _____
<input type="checkbox"/> MARINE ENGINEERING _____
<input type="checkbox"/> LANDSCAPE DESIGN _____
<input type="checkbox"/> PLANNING _____
<input type="checkbox"/> LAND SURVEYING _____
<input type="checkbox"/> AERIAL SURVEYING _____
<input type="checkbox"/> HYDROGRAPHIC SURVEYING _____
<input type="checkbox"/> FIRE & LIFE SAFETY RENOVATIONS _____
<input type="checkbox"/> BUILDING COMMISSIONING _____
<input type="checkbox"/> BOILER/STEAM LINES/HIGH PRESSURE SYS. _____
<input type="checkbox"/> DAM/LEVEE DESIGN _____
<input type="checkbox"/> BARRIER FREE/ADA DESIGN _____
<input checked="" type="checkbox"/> ESTIMATING/COST ANALYSIS NA
<input type="checkbox"/> INTERIOR DESIGN/SPACE PLANNING _____
<input type="checkbox"/> ROOFING INSPECTION _____
<input type="checkbox"/> CONSTRUCTION MANAGEMENT _____
<input type="checkbox"/> CPM _____
<input type="checkbox"/> ARCHAEOLOGY _____
<input type="checkbox"/> GEOLOGY _____
<input type="checkbox"/> VALUE ENGINEERING _____
<input type="checkbox"/> HISTORIC PRESERVATION/RESTORATION _____ | <input type="checkbox"/> ROOFING CONSULTANT _____
<input type="checkbox"/> ACOUSTICS _____
<input type="checkbox"/> ASBESTOS DESIGN _____
<input type="checkbox"/> ASBESTOS SAFETY MONITORING _____
<input type="checkbox"/> CLAIMS ANALYSIS _____
<input type="checkbox"/> TELECOMMUNICATIONS _____
<input type="checkbox"/> FEASIBILITY PLANNING _____
<input type="checkbox"/> FIRE DETECTION SYSTEMS _____
<input type="checkbox"/> FIRE PROTECTION SYSTEMS _____
<input type="checkbox"/> FOOD SERVICE _____
<input type="checkbox"/> HYDRAULICS/PNEUMATICS _____
<input type="checkbox"/> HYDROLOGY _____
<input type="checkbox"/> SECURITY SYSTEMS _____
<input type="checkbox"/> SITE PLANNING _____
<input type="checkbox"/> HISTORIC PRESERVATION CONSULTANT _____
<input type="checkbox"/> ENERGY AUDITING _____
<input type="checkbox"/> TRAFFIC _____
<input type="checkbox"/> TRANSPORTATION _____
<input type="checkbox"/> WASTE/WATER TREATMENT _____
<input type="checkbox"/> ENERGY MANAGEMENT CONTROL SYSTEM _____
<input type="checkbox"/> RENEWABLE ENERGY CONSULTANT _____
<input type="checkbox"/> CONSTRUCTION FIELD INSPECTION _____
<input checked="" type="checkbox"/> PROJECT MANAGEMENT 15 MILLION
<input type="checkbox"/> ENVIRONMENTAL CONSULTANT _____
<input type="checkbox"/> STORAGE TANK REMOVAL _____
<input type="checkbox"/> STORAGE TANK INSTALLATION _____
<input type="checkbox"/> PERIMETER SECURITY FENCING _____
<input type="checkbox"/> INDOOR AIR QUALITY TESTING _____
<input type="checkbox"/> LANDFILL CLOSURE _____
<input type="checkbox"/> LEAD PAINT EVALUATION _____ |
|---|---|

PREPARED BY:
Pamela Sullivan
PAMELA SULLIVAN
MANAGER, PREQUALIFICATION UNIT

APPROVED BY:
Richard S. Flodmand
RICHARD S. FLODMAND
DEPUTY DIRECTOR

NOTE: THIS IS AN ORIGINAL DOCUMENT. IT MAY BE REQUIRED AS PROOF OF YOUR PREQUALIFICATION STATUS. PLEASE RETAIN THIS FORM FOR YOUR RECORDS.