

Legacy Engineering, Inc.

Private Inspection Project Sheet

Project Address: _____ City/Zip: _____ County: _____

Project Name: _____ Purchase Order #: _____

Permit # _____

Client Information

Company Name: _____ Company Contact: _____

Company Address: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Invoicing Private Inspections: (Person responsible for Payment)

Name: _____ Email: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Will you be using Legacy Engineering for the following services:

Soil Density Testing: _____

Blower Door Testing: _____

Authorized Site Contacts

Building - Name/Cell/Email: _____

Mechanical - Name/Cell/Email: _____

Electrical - Name/Cell/Email: _____

Plumbing - Name/Cell/Email: _____

CMT- Name/Cell/Email: _____

Other- Name/Cell/Email: _____

Standard Terms and Conditions

All work performed by Legacy Engineering, Inc. will be performed in accordance with Legacy's "Standard Terms and Conditions" and will be invoiced utilizing Legacy's current standard unit rates unless noted otherwise. All invoices are due upon receipt. To assure proper report distribution and invoicing, please provide and/or review the information requested above in detail, then sign and date the Project Set-Up Sheet and return it to Legacy Engineering, Inc.

Acknowledgment

By signing below, the signer acknowledges they have read the "Standard Terms and Conditions" and that they have read all the information and the information provided above is accurate and true.

Client Signature: _____