

Job No: \_\_\_\_\_  
Date Received: \_\_\_\_\_

# Project Intake Form

Physical Address of Structure to be inspected

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ No of Structure(s) to be inspected: \_\_\_\_\_

No. of Stories: \_\_\_\_\_ S.F.: \_\_\_\_\_ Construction Date: \_\_\_\_\_

Post Construction Job: ☐ Yes ☐ No Damage caused by: \_\_\_\_\_

**Owner's Information:** ☐ Same as Physical Address Refer by: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Builder/Contractor (at time of construction):

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Billing Information:

Name/Entity: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

## 1. Type of Building

- ☐ Commercial ☐ Residential ☐ Duplex ☐ Garage Attached by Breezeway ☐ Detached Garage  
☐ Condominium ☐ Townhouse ☐ Apartments (# of Units per bldg: \_\_\_\_\_) ☐ Farm & Ranch  
☐ Metal Building ☐ Other (Specify): \_\_\_\_\_

## 2. Type of Inspection:

- ☐ Addition Type: \_\_\_\_\_  
☐ Alteration Type: \_\_\_\_\_  
☐ Foundation: \_\_\_\_\_  
☐ New Construction: \_\_\_\_\_  
☐ Mechanical Type: \_\_\_\_\_  
☐ Repair (type & location): \_\_\_\_\_
- ☐ Retrofit: **Provide list of Materials & Location(s)**  
# Door(s) \_\_\_\_\_ # Window(s) \_\_\_\_\_ # Skylight(s) \_\_\_\_\_  
# Garage Door(s) \_\_\_\_\_ Other \_\_\_\_\_
- ☐ Entire Re-Roof: **Provide list of materials**  
☐ Shingles ☐ Metal ☐ Tile ☐ ModBit  
☐ Re-Decking: \_\_\_\_\_
- ☐ Partial Re-Roof: **Specify location:** \_\_\_\_\_  
☐ Re-Decking: **Specify location:** \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_