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INSPECTION, STUDIES, DESIGN & TESTING SERVICES

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### A. CLIENT'S INFORMATION

CLIENT'S NAME: \_\_\_\_\_

CLIENT'S BILLING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CLIENT'S PHONE NUMBER: \_\_\_\_\_

CLIENT'S FAX NUMBER: \_\_\_\_\_

CLIENT'S E-MAIL: \_\_\_\_\_

REFERRAL BY: \_\_\_\_\_

### B. JOBSITE INFORMATION

PERMIT #: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

CONTACT FAX NUMBER: \_\_\_\_\_

GATED COMMUNITY: YES or NO  
If YES PROVIDE ACCESS GATE CODE: \_\_\_\_\_

CONTACT E-MAIL: \_\_\_\_\_

- RESIDENTIAL
- COMMERCIAL
- INDUSTRIAL
- SETTLEMENT PROBLEMS

RESIDENTIAL/COMMERCIAL

#### ➔ NEW STRUCTURE:

- i. ONE STORY
- ii. TWO STORY
- iii. MULTIPLE STORY
- iv. SWIMMING POOL
- v. OTHER STRUCTURE: \_\_\_\_\_

PLEASE DESCRIBE \_\_\_\_\_

➤ **ACCESS:**

- VACANT LOT/LAND: CLEAR   
HEAVILY WOODED
- EXISTING STRUCTURE TO BE KEPT   
TO BE DEMOLISHED
- TRUCK MOUNTED EQUIPMENT ACCESSIBLE: YES   
NO
- PORTABLE EQUIPMENT: YES   
NO
- SITE PLAN AVAILABLE: YES   
NO

- TO BE FAXED
- TO BE E-MAILED

○ NUMBER OF TESTS:

- 1
- 2
- 3
- 4
- 5

○ DESIRED DEPTH(S): \_\_\_\_\_

○ EXISTING UTILITIES CONFLICTING WITH THE UTILITES:

- SEPTIC TANK & DRAINFIELD
- WATER
- SEWER
- POWER
- CABLE

ARE UTILITIES MARKED: YES   
NO

**SETTLEMENT PROBLEMS**

- RESIDENTIAL
- COMMERCIAL
- INDUSTRIAL

COUNTY: \_\_\_\_\_

YEAR BUILT: \_\_\_\_\_

REALTOR INVOLVED: YES

IF YES: CONTACT NAME: \_\_\_\_\_  
CONTACT PHONE: \_\_\_\_\_

NO