



Date: _____

Property address: _____

Contact name and phone # to access home: _____

Report sent to:

Name: _____ Company: _____

Address: _____

Fax #: () _____ Email: _____

Requested by: _____

Type of inspection: _____

Inspection Agreement

You are requesting that Vander Weele Design Consultants provide a structural inspection, for the property listed above. The cost for this inspection will be \$ _____. If a reinspection is necessary, an additional \$ _____ will be charged. We will discuss this reinspection, with you, in advance.

Clarification Statement

The inspection to be completed by Vander Weele Design Consultants, P.C. includes **Structural Considerations**, only. The term "structural" signifies the primary supporting elements, including roof joists and/or beams; floor joists; trusses and/or beams; wall framing members; foundation walls and foundations.

Our report will not, however, refer to or comment on any elements other than those of a structural nature, or what has been specifically indicated, within our report. Furthermore, no inspection will be conducted by Vander Weele Design Consultants, P.C. for anything other than those of structural content, as specified above.

The scope of work will not include any references to mechanical, electrical, plumbing, flashings, weatherproofing, interior, and exterior finishes, etc., within the inspected structure. Our stand is neither positive nor negative with regard to these items, which will not be included as part of the intent of this inspection.

The scope of work is a visual inspection, only. No wall covering sheets, ceiling, etc. will be removed to expose any structural members. Our conclusions are based solely on visual observations. Observations will be for apparent structural deficiencies such as deflection or cracking of the structural elements and determining the existing conditions.

By signing this agreement, you authorize Vander Weele Design Consultants to complete the inspection(s) for the property listed above, for the amount(s) specified in the **Inspection Agreement**. Payment terms are net 15. You are responsible for payment of the total amount due for our services provided, plus interest (1 1/2% per month). You also agree to pay any additional costs, including collection services, legal and court costs to collect unpaid amounts.

Fax (269) 372-3964 or email request to: bvanderweele@vanderweele.com

Authorized signature: _____

Inspection (initial): _____

Reinspection (initial): _____

7/19/10 F:/FHA Agreement letter rev 7 19 10