



601 Foster Street, Durham, NC 27701
P 919-682-3941 F 919-682-3575

Genia Smith, CWFI
www.accenthardwoodflooring.com

INSPECTION RATES

On Site Rate:..... \$75.00/hour (minimum 4 hours or \$300.00)

Travel Time:..... \$50.00/hour

Mileage: \$.85/mile

Written Report: \$150.00. This is for the actual typed report itself and is in addition to the minimum on-site rate PLUS the following:

All Other Work: \$100.00/hour

(including research,
report preparation,
telephone calls, and
actual writing of report)

Expert Witness Services \$150.00/hour. These services require a retainer fee of \$1,500.00 (\$500.00 non-refundable).

(including legal consultation,
deposition, court, trial,
arbitration and waiting time
in either courtroom or office)

All other Expenses At cost + 20%

(hotels, auto rentals, meals, etc.)
for out-of-town inspections.*

*For out-of-town inspections, you may eliminate the 20% surcharge by providing your own credit card number to the hotel and/or airline for our travel arrangements, thereby being billed directly by them.

We must receive your non-refundable minimum payment of \$500.00 before we come out to your home or job site.

THE INSPECTION BILL MUST BE **PAID IN FULL** BEFORE THE INSPECTION REPORT IS RELEASED.

I have read the above. The above prices and conditions are hereby accepted.
You are authorized to do the inspection.

Name: _____ Address: _____

Signature: _____ Date: _____



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NOFMA® Wood Flooring Complaint Inspection Residential Information Inquiry

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The following information is necessary for making a proper evaluation of the product in question. Fill out as completely as possible. Use the back for additional comments.

This information is being provided by _____

Date of information inquiry _____

COMPLAINANT:

Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

E-Mail _____

JOB LOCATION:

Address _____

City _____ State _____ Zip _____

BUILDING CONTRACTOR:

Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

E-Mail _____

FLOORING CONTRACTOR:

Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

E-Mail _____

FLOORING DISTRIBUTOR:

Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

E-Mail _____



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FLOORING MANUFACTURER:

Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

E-Mail _____

Product Involved: Solid Engineered
 Job site finished (type finish _____) Factory Finished

Installation/Finishing:

Installation, Date(s) From _____ To _____

Adhesive used _____, Trowel _____

Mechanical fastener(s) _____

Sanding/Finishing, Date(s) From _____ To _____

Flooring System:

Concrete slab- On-grade Above grade Suspended Below grade

Sleeper/Screed System- Size(s) _____, Spacing _____

Solid Wood Joist- Size(s) _____, Spacing _____

Engineered "I" Joist- Size(s) _____, Spacing _____

Truss Joists- Size (s) _____, Spacing _____

Sub-flooring:

Designate, Plywood/OSB/Composition Board- Size(s) _____

Layers _____, Attachment _____

Construction History:

Newly built home- Date started _____ Date "dried in" _____

Date Drywall, Plaster, Texture, Priming completed _____

Date HVAC Operating regularly _____ Date occupied _____

NOTES:



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This information is being provided by: _____
Print name Signature

Today's Date: _____

Complaint as first noticed, location of condition, and date.

Condition as noticed? _____

Location? _____

Date? _____

Progression of complaint with location(s) involved.

Condition became better, worse, remained the same? _____

Where each situation was noted? _____

Comparison of complaint, present and 6 months ago, present and 12 months ago.

Condition now and 6 months ago? _____

Condition now and 12 months ago? _____
