

AUTHORIZATION TO PERFORM WORK

J. V. Burkes & Associates, Inc.
1805 Shortcut Highway
Slidell, LA 70458
Phone 985-649-0075
Fax 985-649-0154



CLIENT NAME _____

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Phone _____ Cell Phone _____

EMAIL ADDRESS _____

JVB MANAGER: _____

DATE: _____

Due by (if known) _____

Progress updates via Text: YES NO

EMAIL INVOICES TO _____

Signing this form authorizes J.V. Burkes & Associates to perform the work described herein.

ACCEPTED BY: _____, TITLE _____ DATE _____

TERMS OF SERVICE: Thank you for the opportunity to submit this quote for services. We look forward to working with you. This quote is valid for 30 days from the date noted above and is based on our understanding of the information provided by the client. Should site conditions change or information provided by the client prove to be inaccurate, a decrease or increase in hours required to perform the work may occur. We will notify the client should such a case arise and discuss any potential change in scope of work or change in cost. **To the maximum extent permitted by law, the Client agrees to limit J.V. Burkes & Associates, its owners, officers and employees liability for any and all claims, losses, costs, damages of any nature whatsoever to the sum of services provided herein. This limitation shall apply regardless of the cause of action or legal theory pled or asserted.** _____ Initialed by Client

SERVICE AMOUNT/ESTIMATE: \$ _____ RETAINER AMOUNT DUE: \$ _____ Hourly Fixed HNTe

PAYMENT TERMS: Due upon receipt-retainer required Due upon receipt Net 30 – retainer required Net 30

The above financial arrangement is on the basis of prompt payment of our bills and the orderly and continuous progress of the Project. After thirty days, interest will be applied to any outstanding balance at the rate of 1.5% per month. If unpaid by 90 days, the account will be transferred to a collection agency and all fees, including attorney, court, collection fees will be paid for by client. _____ Initialed by Client

Location of Work to be performed: _____

Subdivision _____ Lot # _____ Square or Block _____ Phase or Addition _____

Resub _____ Section _____ Township _____ Range _____

Parish or County _____ State _____

Address _____

SERVICES TO BE PROVIDED	SURVEYING	ENVIRONMENTAL	ENGINEERING
	<input type="checkbox"/> ALTA survey	<input type="checkbox"/> Elevation Survey	<input type="checkbox"/> Aerial Interpretation
	<input type="checkbox"/> As-Built Survey	<input type="checkbox"/> Fill Plan	<input type="checkbox"/> Land Reclamation
	<input type="checkbox"/> Boundary Survey	<input type="checkbox"/> Form/Slab Spot	<input type="checkbox"/> Wetland Consulting
	<input type="checkbox"/> Culvert Grade	<input type="checkbox"/> Legal Description	<input type="checkbox"/> Wetland Delineation
	<input type="checkbox"/> Culvert Verification	<input type="checkbox"/> Staking	<input type="checkbox"/> Wetland Permitting
	<input type="checkbox"/> Elevation Certificate ____ Proposed	<input type="checkbox"/> Topo Survey	<input type="checkbox"/> Wetland Walk-Thru
	____ Under Construction	<input type="checkbox"/> Tree Location	<input type="checkbox"/> SWP3
	____ Final	<input type="checkbox"/> Other Survey	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Finished Grade Verification	_____	<input type="checkbox"/> Other _____
		TRAFFIC ENGINEERING	
		<input type="checkbox"/> Drainage Plan	
		<input type="checkbox"/> Sewer Plan	
		<input type="checkbox"/> Site Plan	
		<input type="checkbox"/> Water Plan	
		<input type="checkbox"/> Driveway Permit	
		<input type="checkbox"/> Traffic Study	

Special Instructions:
