



OFF HOURS INSPECTION

Reimbursement authorization/approval to conduct inspection activities during off hours.

Date: _____

Permit Number: _____

Requested By: _____

Firm/Company: _____

Inspection Information

Project Name: _____

Project Address/Location: _____

Requested Date for Inspection: _____ Requested Time: _____ AM / PM

Contact Name: _____ Phone Number: _____

Inspection Requested: _____

Special Conditions for Consideration: _____

**** Contractor will be charged a minimum for four (4) hour inspection time for any off-hours inspection work at \$115.63 per hour (minimum total of \$462.52). This is to be paid at the time of request. ****

The undersigned, as an authorized representative of the above firm, hereby agrees to reimburse the City for its overtime inspections on the above referenced project. A separate invoice will be issued for all inspection time in excess of four (4) hours.

Signature: _____

Date: _____

Printed Name: _____

City Use Only:

Approved: _____ Disapproved: _____

Paid: _____ Receipt No: _____

Date of Approval/Disapproval: _____

Remarks: _____

Authorized Reviewer: _____
