



# 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 four (4) hour inspection time for any off-hours inspection work at the current fee. 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: \_\_\_\_\_

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## City Use Only:

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Paid: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Date of Approval/Disapproval: \_\_\_\_\_

Remarks: \_\_\_\_\_

Authorized Reviewer: \_\_\_\_\_

\_\_\_\_\_