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: _______________________
Special Conditions for Consideration: _____________________________________________

** Contractor will be charged a minimum for three (3) hour inspection time for any off-hours inspection work at $105.00 per hour (minimum total of $306.00). 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 three (3) hours.

Signature: __________________________________________  Date: __________________________
Printed Name: __________________________________________

City Use Only:
Approved: ______  Disapproved: ______  Paid: ______  Receipt No: ______
Date of Approval/Disapproval: ________________  Remarks: ________________
Authorized Reviewer: ____________________________  ________________

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Revised: January 16, 2019