OFF HOURS INSPECTION

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

Date: _________________________ Permit Number: _________________________
Requested By: __________________________________________________________
Contractor: __________________________________________________________

Inspection Information
Project Name: _________________________________________________________
Project Address/Location: _________________________________________________
Requested Date for Inspection: _________________________ Requested Time: __________ AM / PM
Contact Name: ____________________________ Phone Number: ______________________
Inspection Requested: ____________________________________________________

** Contractor will be charged a minimum for four (4) hour inspection time for any off-hours inspection work at $106.57 per hour (minimum total of $426.28). 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: ____________________