



## **REQUEST FOR INSPECTION**

## **OUTSIDE OF STANDARD CITY BUSINESS HOURS**

Date:	
Contractor/Construction Company:	
Billing Address:	
Return Email Address:	<del></del>
Telephone Number:	
	following project on the following date(s): nimum of 72-hours in advance of date(s)
Date(s) of Inspection:	Permit #:
Project Name:	
Project Address:	
Type Of Inspection:	
A.M. Or P.M. Inspection:	
We/I agreed to pay for this inspection at the curren Building Inspection at \$52.93 per hour Electrical Inspection at \$57.41 per hour Mechanical Inspection at \$56.51 per hour	t overtime rate stated for the selected discipline:
hereby acknowledge that my request will be considered be B-1) and that there is no guarantee that my request will be	y the Meridian Building Section (Per Department Policy C.D. e approved.
Printed Name	Signature (Authorized Representative)
To be completed by inspector upon com	npletion of inspection (OFFICE USE ONLY)
nspector Name:	Date Inspection Completed:
Hours To Be Charged:	
nspection Supervisor Approval:	