

REQUEST FOR INSPECTION

OUTSIDE OF STANDARD CITY BUSINESS HOURS

Date:	
Contractor/Construction Company:	
Billing Address:	
Return Email Address:	
Telephone Number:	
· · ·	e following project on the following date(s): inimum 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	nt overtime rate stated for the selected discipline:
I hereby acknowledge that my request will be considered by the Meridian Building Section (Per Department Policy C.D. - B-1) and that there is no guarantee that my request will be approved.	
Printed Name	Signature (Authorized Representative)
To be completed by inspector upon completion of inspection (OFFICE USE ONLY)	
Inspector Name:	Date Inspection Completed:
Hours To Be Charged:	
Inspection Supervisor Approval:	