

Request for Overtime

Construction Inspection

Today's Date:			
Date(s) inspection required:			
Contractor: Billing Contact Person:			
E-Mail Address:			
Billing Address:			
Location of Job:			
Work being performed:			
Cell Phone:	Office:		Fax:
 Upon the approval of the above request, the undersigned, being fully authorized by the owner or management, hereby agrees to the payment of such services at the following rates: 1. Week days (1 Hour Minimum): \$90.00 per Hour 2. Weekends (4 Hour Minimum): \$90.00 per Hour 3. Holidays (4 Hour Minimum): \$120.00 per Hour 			
This form must be approved one (1) working day prior to the requested date of inspection. Approval of this request is subject to the availability of a Public Works Inspector.			
NOTE: Any work done in the public right-of-way without inspection or approval from the Town of Queen Creek shall be subject to a stop work order being issued.			
Signed:			
Title:		Date:	
Please sign and return this form to your Public Works Inspector.			
FOR OFFICE USE ONLY:			
Approved by:		Date:	
Assigned Inspector:		O.T. Hours Wo	orked: