



# INSPECTION OVERTIME REQUEST FORM

**\*\* THIS FORM MUST BE SUBMITTED A MINIMUM OF 48 HOURS PRIOR TO THE DATE AN OVERTIME INSPECTION IS NEEDED \*\***

REQUESTOR'S INFORMATION		
Project Name:	Name of Requestor:	
Company Name:	E-mail:	
Address:		Phone No:

City inspections for construction projects are performed Monday - Friday (8:00a – 5:00p). Inspections performed outside of these hours on normal business days and anytime on weekends are considered overtime. Overtime inspection rate is: **\$50.00 per hour, with a four (4) hour minimum**

INSPECTION OVERTIME INFORMATION			
<b>For a Single Date:</b>	Inspection Date:	Est. Start & End Times:	Total Est. Hours (min. of 4):
<b>For Multiple Sequential Dates:</b>	Inspection Date Range:	Total Estimated Hours:	
	_____ to _____		
<b>Total Estimated Amount Due: \$</b>			

**Terms and Conditions:**

Payment for overtime inspections is due within 10 business days of the date(s) the overtime inspection was completed. **Make checks payable to City of DeSoto and remit to: City of DeSoto, Development Services Department/Engineering Division, 211 E. Pleasant Run Road, DeSoto TX 75115.** Reference the project name on your remittance. Construction work will not be accepted and released nor will a Certificate of Occupancy be issued if any payments for inspection overtime are outstanding. The number of overtime hours indicated is an estimate. The City reserves the right to adjust the amount due if the actual number of inspection hours exceeds the estimated number. If the number of actual inspection hours is less than the estimated number of hours, the Requestor may submit a written request to the City inspector to adjust the total amount due within two business days after the overtime inspections have been completed. In no case shall the number of hours be reduced to below the four (4) hour minimum.

Requestor's Signature	Printed Name	Date
City Inspector's Signature	Printed Name	Date

<b>FOR CITY USE ONLY</b>	
ACTUAL # OF INSPECTION HOURS: _____	ACTUAL AMT DUE: \$ _____
INITIALS: _____	DATE: _____