Site Development
9875 N. 85th Avenue
Peoria, AZ 85345
Phone: 623-773-7600
Fax: 623-773-5270
engineering.counter@peoriaaz.gov
www.peoriaaz.gov/engineering

Project#:_____

Permit #:_____

Balance Due:_____

For Office Use Only

# Engineering Overtime Inspection Request

The Development and Engineering Department has been requested to supply an off-site inspector to your job site on a weekend or holiday, or before/after normal Engineering Inspection hours. The information listed below needs to be completed, signed, and returned to your off-site inspector. A copy will be faxed to the developer/contractor.

An hourly rate of $75/hour will be charged for each hour worked on a weekend, holiday, or before/after Engineering Inspection business hours for inspection services. ****A minimum of two hours (2) will be required before/after normal Engineering Inspection hours (Monday through Friday) and four (4) hours minimum on weekends, holidays, or night***. Payment must be received prior to issuance of the Final Letter of Acceptance and will be included as part of the Preliminary Punch List. Please make checks payable to the City of Peoria and deliver or mail to City of Peoria, Attn: Development and Engineering Department, 9875 N. 85th Avenue, Peoria, AZ 85345. (Please note no cash or checks will be accepted by the off-site inspector).

Without this form fully completed, NO INSPECTOR will be provided to your job site for expedition of off-site work and inspection on a weekend, holiday, or before/after normal Engineering Inspection hours, resulting in job shutdown until the next business day.

_____
Job Site Name and Location

_____
Engineering Permit No. / Permit Type

_____
Overtime Date

_____
Total Hours *(See highlighted above)

_____
Inspector's Name

_____
Total Amount Due

_____
Inspection Supervisor Signature

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_____ ☐
Company Name (Developer)
(Check box if responsible for payment)

_____
Address

_____
City, State, Zip

_____
Phone # Fax #

_____
Email

_____
Print Name

_____
Sign Name

_____ ☐
Company Name (Contractor)
(Check box if responsible for payment)

_____
Address

_____
City, State, Zip

_____
Phone # Fax #

_____
Email

_____
Print Name

_____
Sign Name

c: Original – Engineering Counter
Copy – Engineering Inspector