## **CITY OF ROCKWALL – SATURDAY ENGINEERING INSPECTION REQUEST**

Date:	Project Name:	
Project Location: _		
Contractor's Name	:	
Contractor's Addre	SS:	
Contractor's Email:		
Contractor's Phone	9:	
Inspection Date an	d Time:	
Detailed description of	f inspection:	
	Description of Inspectio	n Requested
Supervisor On-Site (Sa	turday) Name:	Phone Number:
Assigned Project Inspec	tor:	
A minimum 2 hours inspection charge will be billed for all Saturday inspections. All Saturday inspections must be scheduled in writing to the Engineering Department by noon on the Thursday before the inspection date. This signed request must be emailed to the Amy Williams (awilliams@rockwall.com) and Steve Salazar (ssalazar@rockwall.com). Approval/disapproval will be emailed back to the requesting contractor with the Saturday inspector's information. All cancellations must be given verbally and written to the Saturday inspector no later than 7 am on day of inspection. Two hours of overtime inspection will be charged to the contractor if no cancellation is given prior to the inspector arriving at the project site. No acceptance and/or certification of occupancy will be given until all overtime engineering inspection fees are paid in full.		
CERTIFICATION:	I understand and agree to	the above terms.
Date:	ture:	
FOR CITY USE OI		
Date and Hours of	Dav:	<u> </u>
_ 222. 21 3900000		
Inspector's Name:		<del> </del>
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Inspector Signature		
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