CITY OF ROCKWALL – INSPECTION REQUEST BEFORE/AFTER HOURS ENGINEERING

Date:	Project Name	
Project Location:	Project Name:	
Contractor's Name:		
Contractor's Address:		
Contractor's Email:		
Contractor's Phone:		
Inspection Date and Tim	D:	
Detailed description of insp	ection:	
,	Description of Inspection Requested	
Supervisor On-Site Name:	Phone Number:	
Assigned Project Inspector:		
must be emailed to Amy (ssalazar@rockwall.com with the assigned inspector n overtime inspection will be the allotted timeframe. N overtime engineering ins	a minimum of 24 hours prior to the inspection date. This signed request Williams (awilliams@rockwall.com) and Steve Salazar. Approval/disapproval will be emailed back to the requesting contracted or's information. All cancellations must be given verbally and written to less than 2 hours prior to the requested inspection time. Two hours of eassessed to the contractor if no cancellation is given or not given in acceptance and/or certification of occupancy will be given until all pection fees are paid in full.	or O
Contractor's Signature:	rstand and agree to the above terms.	
Date:		
FOR CITY USE ONLY:		
Date and Hours of Day:		
•		
Desc. Of Inspection:		
Inspector's Name:	Number:	
Inspector Signature:		
Inspector Supervisor:		