CITY OF ROCKWALL – SATURDAY ENGINEERING INSPECTION REQUEST

Date:	Project Name:
Project Location:	
Contractor's Name:	
Contractor's Address: _	
Contractor's Email:	
Contractor's Phone:	
Inspection Date and Tir	me:
Detailed description of insp	ection:
Des	scription of Inspection Requested
Assigned Businest Incompation	
Assigned Project Inspector:	
Saturday inspections me noon on the Thursday is the Amy Williams (awill Approval/disapproval winspector's information. Saturday inspector no linspection will be chargarriving at the project si	pection charge will be billed for all Saturday inspections. All bust be scheduled in writing to the Engineering Department by pefore the inspection date. This signed request must be emailed to the inspection date. This signed request must be emailed to the inspection and Steve Salazar (ssalazar@rockwall.com). The inspection of overtime attentions must be given verbally and written to the attention of the contractor if no cancellation is given prior to the inspector te. No acceptance and/or certification of occupancy will be given the ering inspection fees are paid in full.
CERTIFICATION: I und	derstand and agree to the above terms.
Date:	
FOR CITY USE ONLY:	
Date and Hours of Dav	·
Inspector's Name:	
•	
inspector Supervisor:	