**OVERTIME INSPECTION REQUEST FORM**

(A separate request is required for each type of inspection.)

|  |  |  |  |
| --- | --- | --- | --- |
| SPWD Project Name: |  | | |
| SPWD *and* Using Agency Project No.: |  | | |
| Building Name and Location: |  |  |  |
| Using Agency’s Representative: |  | Phone No.: |  |
| General Contractor’s Representative: |  | Phone No.: |  |
| Subcontractor’s Representative: |  | Phone No.: |  |
| Inspection Date: |  | Inspection Time : | AM  PM |
| Overtime Inspection Hourly Rate: | $110.00/Hour | Estimated Hours: |  |
| Type of Inspection: |  | | |
| Plan Sheet Number: |  | | |

The Contractor requests that the State Public Works Division provide overtime inspection during the dates and times listed. The General Contractor and the Subcontractor shall sign and date this form as certification that the subject work is complete and ready for inspection. The Contractor agrees that the requested overtime inspection will be billed at the listed hourly rate (along with any associated travel and per diem costs) and that the resulting total cost will be processed as a deductive change to the Contract Sum (as stipulated in Section 4.3 of the General Conditions of the Contract).

All inspections must be scheduled at least twenty-four hours in advance of the requested inspection date/time. Failure to submit a request with the required advance notice may result in the delay of the requested inspection. By submitting this inspection request to the State Public Works Division the General Contractor certifies that the associated work is ready for the requested inspection. Failure to have the work ready for the requested inspection may result in re-inspection fees.

E-Mail Instructions

1. Save this form to your desktop.
2. Complete the form, save the form, then attach it to an email.
3. Send the completed form to one of the e-mail addresses below.
4. You must put the SPWD project number on the e-mail subject line.

For Southern Nevada (Las Vegas): SouthInspections@admin.nv.gov

For All Areas outside of Las Vegas: NorthInspections@admin.nv.gov

The inspection requested above has: Re-inspection required:

Passed  Failed  Yes  No

SPWD Inspector’s Comments:

|  |  |  |
| --- | --- | --- |
|  | | |
| SPWD Inspector: | Date: | Time: |