



MECKLENBURG COUNTY
Land Use and Environmental Services Agency
Code Enforcement

Overtime Inspections Request Form

Today's Date:

Contractor requesting OTI:

Contact person:

Contractor's Account Number:

Phone number:

Email:

Posse Project Number:

Project Name:

Project Address:

Contact person on site to coordinate all OTI:

Contact person's cell phone number:

Contact person's other contact numbers:

Dates Requested	Trades Requested (B, E, M, P)	Hours Requested (60 hours minimum)	Arrival Time	Departure Time

This is a formal request for Overtime Inspections (OTI). I have reviewed and understand Mecklenburg County Code Enforcement's Overtime Inspections policy. I voluntarily accept the responsibility to pay for all requested OTI for the above project and understand the initial charge for the first 60 hours is \$6900.00. It is further understood that once the number of hours requested has been reached, Overtime Inspections will discontinue until a new Overtime Inspections Request Form is received by the Coordinator.

Signature

Date

Title

OTI Request Number (assigned by Coordinator)