



**DIVISION OF FIRE PREVENTION
OVERTIME REQUEST FOR FIRE INSPECTIONS**

Today's Date: _____

- GENERAL CONTRACTOR
- SUB CONTRACTOR/BUSINESS OWNER

PERMIT NUMBER: _____

COMPANY NAME: _____

(Permit Holder/Responsible Party)

Contact Name: _____ Phone: _____ Email Address: _____

CONDITIONS OF FIRE INSPECTION OVERTIME PAYMENT

I am aware that I am responsible to reimburse the City of Reno Fire Department for the overtime costs incurred from this request. Payment for the inspection(s) request is due immediately upon receipt of the invoice. The Reno Fire Department will be compensated at a rate of **\$141.00** per hour, per person for Prevention personnel to work outside their normal work shift.

I ACCEPT THE ABOVE TERMS AS MY AGREEMENT TO PAY ALL COSTS INCURRED FOR THE INSPECTION REFERENCED BELOW:

(Contractor/Owner/Authorized Representative Signature)

Title

Date

Billing Address: _____

PROJECT NAME: _____

Project Address: _____

Requested Date of Inspection: _____ Time of Inspection: _____

FOR FIRE DEPARTMENT USE ONLY

Received by Fire Prevention: _____ Date: _____

Authorized: _____ Date: _____

Special Conditions: _____

Reno Fire Department, Division of Fire Prevention, 1E First St., Reno, NV 89501 - Office: (775) 334-2300