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**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 **\$393.00** 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: \_\_\_\_\_

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**PROJECT NAME:** \_\_\_\_\_

Project Address: \_\_\_\_\_

Requested Date of Inspection: \_\_\_\_\_ Time of Inspection: \_\_\_\_\_

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**FOR FIRE DEPARTMENT USE ONLY**

Received by Fire Prevention: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized: \_\_\_\_\_ Date: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

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