COMMUNITY DEVELOPMENT

REQUEST FOR SPECIAL SERVICES

WORK TAG:	
DEPARTMENT:	

REQUEST INFORMATION

ACTIVITY/SERVICE	EXACT LOCATION (ADDRESS, BUILDING, ROOM)
Overtime Inspection	

WORK IS WITHIN (CHECK APPLICABLE BOX)	PERMIT#	DATE & TIME REQUESTED
☐ Private Property ☐ Right-of-Way		

APPLICANT INFORMATION

APPLICANT NAME			BILLING PARTY NAME (COMPANY NAME)		
APPLICANT ADDRESS			BILLING ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
EMAIL	PHONE		EMAIL	PHONE	

AGREEMENT

The Applicant agrees to indemnity, defend, and save harmless the City of Irvine, its agents, and employees (collectively "City") from any and all claims and losses accruing or resulting to any and all contractors, sub-contractors, materialmen, laborers, and any other person, form, or corporation (collectively "Contractor") furnishing or supplying work, services, materials, or supplies in connection with the performance of this contract, and from any and all claims and losses accruing or resulting to any person, firm, or corporation who may be injured or damaged by the Contractor in the performance of this contract. The Applicant shall provide necessary Workers' Compensation Insurance at Applicant's own cost and expense.

Contractor agrees to maintain liability insurance in amounts satisfactory to the City and to provide the City a certificate designating the City as an additional insured under Applicant's policy. Said certificate shall also provide that said policies of insurance shall not be cancelable except upon 30 days notice to the City.

We understand that we are to be billed at the inspection fee rate, as listed in Section 1.D. of the current fee resolution, per hour of service rendered. Applications for services for less than two hours will not be accepted.

APPLICANT SIGNATURE _____ DATE _____

TITLE _____

FOR OFFICE USE ONLY

DIRECTOR _____ DATE _____

WHITE - File YELLOW/PINK - Finance GOLDENROD - Applicant FORM 65-53 REV 09/26