



CLARK COUNTY BUILDING DEPARTMENT

4701 W. RUSSELL ROAD
LAS VEGAS, NEVADA 89118



INSPECTION SERVICES RECEIPT

Date: _____ Permit Number: _____

Inspection: _____ Sequence Number: _____

Project Name: _____

Property Address: _____

Contractor/Owner: _____

Inspections Services: *(Check One)* Overtime Same Day Special Testing Collection

Start Time: _____ End Time: _____

of CCBD Employees: _____ Total Hours Worked: _____ Fee Amount: \$ _____

Method of Payment: *(Check One)* Cash Check: # _____ Deferred (Complete Bottom Half)

Job Representative's Name: _____ Signature: _____

Inspector's Name: _____ Signature: _____

WEEKEND AND CALL BACK HOURS SHALL BE CHARGED AT A MINIMUM OF THREE HOURS PER EMPLOYEE.

CASH WILL NOT BE ACCEPTED AS A METHOD OF PAYMENT IN THE FIELD. CLARK COUNTY BUILDING DEPARTMENT SERVICES ARE REIMURSABLE AT THE RATE OF \$110.00 PER HOUR PER EMPLOYEE, INCLUDING TRAVEL TIME.

COMPLETE THIS PORTION WHEN PAYMENT IS NOT RECEIVED DUE TO A PREVIOUSLY ARRANGED PAYMENT AGREEMENT.

I have requested and authorized the above described inspection service and assume the responsibility to Clark County Building Department for the sum as shown in the "Fee Amount" category listed above. Final Inspection will be not authorized until this fee is paid.

I authorize the County to withdraw this sum from my established account for this property. **BD Account: #** _____

Payment of the sum amount will be available for pick-up on: _____

Job Representative's Name: _____ Signature: _____

OFFICE USE ONLY

Supervisor Name: _____ Signature: _____

Manager Name: _____ Signature: _____

