



# REQUEST FOR SPECIAL INSPECTION

2010

DENVER REGIONAL COUNCIL OF GOVERNMENTS  
 1290 BROADWAY, SUITE 700  
 DENVER, CO 80203-5606  
 303.455.1000  
 303.480.6790 (fax)

**FEES: ONE-TIME SCHEDULING FEE \$25 PER SITE**

**SPECIAL INSPECTION INCLUDES: CONSTRUCTION USE/TEMPORARY USE, REVIEW OF MODIFICATIONS (\$75 PER HOUR WITH 2-HOUR MINIMUM), AND**

**WITNESSING OF SAFETY TESTS (5 YR ELEVATOR/1 YR ESCALATOR) \$150 PER UNIT+\$75 PER HOUR AFTER 2 HOURS (NO ONE -TIME SCHEDULING FEE REQUIRED FOR SAFETY TESTS)**

HAVE A QUESTION? PLEASE CALL SUZI WALKER AT 303.480.6730.

**INSTRUCTIONS**

Please follow the steps outlined on this form, providing all the information requested. Incomplete forms will delay your inspection. Advance Payment of Minimum Required. If there is remaining balance, DRCOG will invoice.

**STEP 1: CONTACT THE DRCOG INSPECTOR FOR YOUR JURISDICTION AND SCHEDULE AN INSPECTION**

Name of the DRCOG inspector you contacted: \_\_\_\_\_ Date/Time scheduled: \_\_\_\_\_ Number of units requiring inspection: \_\_\_\_\_

**STEP 2: PROVIDE DRCOG WITH INFORMATION ABOUT THE JOB SITE**

Name of building \_\_\_\_\_  
 Address of job site \_\_\_\_\_  
 Type of inspection: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**STEP 3: PROVIDE DRCOG WITH INFORMATION ABOUT YOUR COMPANY**

Your company's name: \_\_\_\_\_  
 Your company's address: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Your company's contact info: \_\_\_\_\_  
 Ph: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Your name: \_\_\_\_\_  
 Your position: \_\_\_\_\_  
 Your contact info: \_\_\_\_\_  
 Ph: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**STEP 4: PLEASE CALCULATE AND PAY APPROPRIATE FEES**

ONE-TIME SCHEDULING FEE \$25 \_\_\_\_\_  
 ADVANCE PAYMENT OF \$150 \_\_\_\_\_  
 TOTAL DUE \_\_\_\_\_

TO PAY BY PHONE:	TO PAY BY CHECK:	TO PAY ONLINE:
Please complete the form and scan and e-mail to <a href="mailto:swalker@drcog.org">swalker@drcog.org</a> or fax to (303 480-6790). Suzi will contact you upon receipt of the form to get your credit card information. Be sure to sign below.	Please complete the form and mail it with your check (made out to DRCOG) to Suzi Walker at address on the top of this form.	Coming soon.

**STEP 5: TO AUTHORIZE THE SPECIAL INSPECTION AND PAYMENT OF TOTAL AMOUNT DUE OF \$\_\_\_\_\_ BY CREDIT CARD (IF NOT PAYING BY CHECK), PLEASE SIGN BELOW.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

