City of Albuquerque

Department of Municipal Development
Construction Services Division
Phone : 924-3690 Fax: 924-3629

Project Inspection Request Form

Date: _____

Requestor Name: _____ **Department/Division:** _____

Phone Number: _____ **Email Address:** _____

Project Number: _____ **Project Name:** _____

Map/Location: _____ **Consultant:** _____

Project Activity Number: _____ **State Funding:** ☐ Yes ☐ No

Project Description: _____

_____

Comments/Special Requests: _____

_____

Expected Start Date: _____ **Expected Completion Date:** _____

Estimated Quantities: (Attach bid proposal) **Estimated Construction Cost:** _____

Construction Hours Required: ☐ Extended ☐ 24 Hour ☐ Other _____

Inspection Type: ☐ Prime ☐ Oversight **Bid Type:** ☐ Bid ☐ On-Call

For Construction Services Division Use ONLY

Date: _____ ☐ **APPROVED -or-** ☐ **REJECTED** **Reason Rejected:** _____

Assigned Inspector: _____ **Assigned Construction Manager:** _____

Construction Inspector: ☐ Full-Time ☐ Part-Time ☐ Other _____

Estimated Cost: _____ **Site Meeting Date/Location:** _____

On-Call Contract: _____ **Contractor:** _____

APPROVAL SIGNATURES

_____ _____

Project Manager **Date** **Construction Inspector** **Date**

_____ _____

Construction Manager **Date** **Division Manager, CSD** **Date**