CITY OF CHICO

PUBLIC WORKS
DEVELOPMENT ENGINEERING

CONSTRUCTION INSPECTION
411 Main St., 2nd Floor
P.O. Box 3420
Chico, CA 95927
Office: (530) 879-6900
Fax: (530) 895-4899

Date: _____

From:

Company: _____

Phone: _____

Email: _____

Project: _____
(Project Name and Number, or Address)

TESTING REQUEST

Type of test:

☐ Class 2 AB Compaction ☐ Trench Backfill Compaction
☐ Native Subgrade Compaction ☐ HMA / AC
☐ Other: _____

Location(s) of test(s):

☐ Street Section ☐ Sidewalk ☐ Curb & Gutter ☐ Ped-Ramp
☐ Driveway ☐ SS Trench ☐ SD Trench ☐ Utility Trench
☐ Alley ☐ Other: _____

Please schedule for: _____, at _____
(Date) (Time)

- Standard testing hours are 7:00 AM to 4:00 PM, Monday through Friday (excluding City Holidays) - Any testing scheduled outside these hours will be billed at overtime rate.
- The Developer/contractor shall notify the City utilizing this "Testing Request" form via e-mail by 10:00 AM of the working day prior to requested testing inspection date(s). Testing inspections will be performed by M.T. Hall & Associates, Inc., and shall be either invoiced directly to the Developers "Real-Time" billing account, or charged as part of City fees.

PLEASE EMAIL
this completed form to:

matt.johnson@chicoca.gov / chris.duffey@chicoca.gov / richard.snyder@chicoca.gov / sam.harrison@chicoca.gov

Select to Email Form

NOTE: *The filling of PDF form fields is not supported in all browsers. You may need to open this document in Adobe Acrobat or Adobe Reader to enter the required information.*