



Building Division

REQUEST FOR AFTER-HOURS INSPECTION

Date: _____ Permit #: _____

Project Address: _____

Phone: _____ Email: _____

Review(s) Requested

<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Gas	<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire
Inspection Code: _____		Inspection Name: _____			
Date requested: _____		Time requested: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			

<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Gas	<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire
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Inspection Code: _____		Inspection Name: _____			
Date requested: _____		Time requested: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			

In order to obtain an after-hours review / inspection the following requirements shall be met:

1. This form must be completed and in our office with fees paid **BEFORE 2:00 PM** on the day the inspection is requested. If the inspection should occur during the weekend or holiday hours, the form and the fees must be in our office **BEFORE 2:00 PM on the day prior to the weekend or holiday.**
2. Before any request for an after-hours inspection is scheduled the Chief or Assistant Chief Inspector must verify staff availability and authorize the office to schedule the inspection.

Applicable fees for this service can be found in the online fee resolution.

Weekend is considered from Friday at 4:30 pm to Monday 8:00 am.
 Holiday time starts at 4:30 pm the day prior to and ends at 8:00 am the day after the holiday.
 * between the hours of 5:30 pm and 7:00 am are charged the same rate as weekend or holiday

ALL FEES ARE NON-REFUNDABLE

Contractor's Printed Name: _____

Signature: _____