



After Hours Inspection Request Form

Permit Number _____

Job address: _____

Contractor: _____

Contact: _____

Telephone number: _____

It is understood that the fee for this request is **\$250.00** (with a three (3) hour minimum) per inspector. Any inspection that exceeds three (3) hours, (inspector clocks in and out at the Building Department) will be charged to your permit. This request is subject to availability of inspector(s) on the requested date.

Date of requested inspection: _____

Start time: _____ Estimated end time: _____

Type of inspection(s) requested: _____

Special instructions: _____

Minimum after hours inspection fee: \$250.00

Signature of permit holder: _____

State of _____

County of _____

Sword to and subscribed before me this _____ day of _____, 20_____

by _____ whom (check one) is personally known to me _____ or has provided the following identification _____

Notary Public's Signature