

After Hours/ Overtime Inspection Request

Permit #: _____
Job Address: _____
Contractor: _____
Phone #: _____ Cell #: _____

Please Check One:

Residential

Commercial

Discipline:

Building

Plumbing

Mechanical

Electrical

FOR OFFICE USE ONLY

Date of Inspection: _____

Time of Inspection: _____

Inspector's Name: _____

Fee's Paid? Yes or No

Fee: \$152 per Hour: \$ _____

Supervisor approval initials _____