



REQUEST FOR AFTER-HOURS INSPECTION

Date: _____ Permit #: _____
Property Address: _____
Lot and Subdivision: _____

Type of Inspection

_____ Building _____ Plumbing _____ Mechanical _____ Electrical _____ Fire

Inspection Code: _____ Inspection Name: _____
Date requested: ____/____/____ Time requested: _____ AM or PM

FEES: Weekend and Holiday Inspections: \$160.00 Minimum
Weekdays* Inspections: \$80.00 Minimum

*between the hours of 5:00pm and 6:30am are charged the same rate as weekend or holiday

ALL FEES ARE NON-REFUNDABLE

In order to obtain an after hour inspection the following requirements shall be met:

1. Before any request for an after-hours inspection is scheduled the **Chief Inspector or Assistant Chief Inspector** shall be contacted for their approval.
2. 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.**
3. Weekend is considered from Friday at 4:00pm to Monday 7:30am.
4. Holiday time starts at 4:00pm the day prior to and ends at 7:30am the day after the holiday.

Contractor's Name: _____

Signature: _____

Reason: must be completed if previously rejected on the same day _____

