

## **After Hour Request Form**

## For plan review(s) or inspection(s)

Date:		Application/P	Application/Permit #: BP		
Projec	t Address:				
Requestor's Name:			Phone:		_ Ext.:
Email:Preferred C			Completion date or time (AM/PM):		
Comm	unication will b	pe made with the Requestor, listed above, regardii	ng staff availabili	ty and fee payment.	
Plan Review			Inspection		
Select	Agency	Inspection only- Enter Inspection Name/ Code	Fee	Staff (Internal use)	<b>Date and Time</b>
	Building		(\$160 / \$320)		
	Electrical		(\$160 / \$320)		
	Plumbing		(\$160 / \$320)		
	Mechanical		(\$160 / \$320)		
	Fire		(\$120 / \$240)		
	Updating		(\$120 / \$240)		1
		\$240 for weekends and holidays (*additional These fees are outlined in our Building)  The weekend for inspections is considered from the weekend for plan review is considered from at the same times as above and requires this for the completed and in our office with fees paid in the same times are the completed and in our office with fees paid in the completed and in our office with fees paid in the completed and in our office with fees paid in the completed and in our office with fees paid in the completed and in our office with fees paid in the complete in the comple	Fee Schedule on Friday at 4:00 pm Friday at 5:00 pm rm and fees to be	pages 21 & 24.  Ito Monday at 7:30 am. Ito Monday at 8:00 am. Ito paid by <b>12 pm</b> the day	prior to a holiday.
plan review should occur during the weekend or holiday hours, this form and the fees must be in our office <b>BEFORE 12:00</b>					
PM on the day prior to the weekend or holiday. Submit in person or email to: BPCustomerService@seminolecountyfl.gov					
2. Before any request for an after-hour request is scheduled Seminole County must verify staff availability and authorize the					
office to schedule the inspection or plan review.					
paid at *f the the aft *If cor	the completion review or inspec er-hours review rections are req	ough plans examination that flood review is required, a of the after-hours review cycle. tion exceeds the time that was charged, additional fees cycle or inspection. uired following an after-hours plan review or inspection ter hours is requested and paid for.	will be applied. Th	is fee will need to be paid	at the completion of
		**** ALL FEES ARE NON-	RFFUNDARI F*	****	
ELECT	RONIC SUBN	MISSION STATEMENT: Under penalty of pe			tion contained in
		this After Hour Request form	is true and co	rrect.	
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