

**REQUEST
FOR
BEFORE/AFTER HOUR INSPECTIONS**

COMPANY

Name _____

Address _____

Phone _____

Contact Person _____

Date Submitted _____

INSPECTION

Inspection Type _____

Date Requested _____

Time _____

Site Address _____

Permit Number _____

Inspector _____

**Time estimate of inspection
(if over two hours)** _____

Permit Specialist's Initials _____

**There is a minimum charge of two hours per Inspector.
Inspections are \$126.00 per hour.**

**Please note: There is a minimum processing time of two (2)
business days.**