PRINCE WILLIAM COUNTY
Department of Development Services – Building Development Division

AFTER HOUR INSPECTION APPROVAL

Version 2009-01-22

Staff Use Only

RECEIPT # _____ DATE PAID _____

AGENT _____ TIME PAID _____

THE FOLLOWING IS TO BE COMPLETED BY CLIENT:

AUTHORIZATION # INSP-_____

PTS # _____

DATE FOR INSPECTION(S): _____

INSPECTOR: _____

HOURS PAID FOR: _____ Hours

AMOUNT TO BE PAID: $ _____

BUILDER/OWNER _____

SUBDIVISION: _____

TYPE OF INSPECTION: _____

START ADDRESS: _____

START TIME: _____

CONTACT PERSON: _____

CONTACT'S PHONE #: _____

List all requested inspection case numbers here
(these must be provided)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Staff Use Only

NUMBER OF INSPECTIONS: _____ (Circle all inspected case numbers above)

NUMBER OF REINSPECTIONS TODAY: _____ (Circle all inspected case numbers above)

TIME STARTED: _____ TIME COMPLETED: _____

CONTACT PERSON (☐ WAS / ☐ WAS NOT) PRESENT; (☐ WAS / ☐ WAS NOT) ON TIME

(PLEASE RETURN THIS FORM TO YOUR SUPERVISOR THE NEXT WORKING DAY)

APPROVED: _____ DATE _____

SUPERVISOR : _____ DATE _____

Building Development Division. 5 County Complex Court, Prince William, VA, 22192. 703-792-6930. www.pwcgov.org/BDD