



PRINCE WILLIAM COUNTY
Department of Development Services – Building Development Division

AFTER HOUR INSPECTION APPROVAL

Version 2014-05-09

Staff Use Only

RECEIPT # _____ DATE PAID _____
AGENT _____ TIME PAID _____

THE FOLLOWING IS TO BE COMPLETED BY CLIENT:

AUTHORIZATION # _____ INSP- _____
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 permit 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 _____