



AFTER HOUR INSPECTION APPROVAL

Version 2022-05-01

<i>Staff Use Only</i>	
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)

<i>Staff Use Only</i>	
NUMBER OF INSPECTIONS: _____	
NUMBER OF REINSPECTIONS TODAY: _____	
TIME STARTED: _____	TIME COMPLETED: _____
CONTACT PERSON (<input type="checkbox"/> WAS / <input type="checkbox"/> WAS NOT) PRESENT; (<input type="checkbox"/> WAS / <input type="checkbox"/> WAS NOT) ON TIME	
(PLEASE RETURN THIS FORM TO YOUR SUPERVISOR THE NEXTWORKING DAY)	
APPROVED: _____	DATE _____
SUPERVISOR: _____	DATE _____