



PRINCE WILLIAM COUNTY
Department of Development Services – Building Development Division

AFTER HOUR INSPECTION APPROVAL

Version 2014-05-09

<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: _____	(Circle all inspected case numbers above)
NUMBER OF REINSPECTIONS TODAY: _____	(Circle all inspected case numbers above)
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 NEXT WORKING DAY)	
APPROVED: _____	DATE _____
SUPERVISOR : _____	DATE _____