

Permit Center Series

Request for Overtime Inspection

Project Name: _____
 Site Address: _____
 Permit Number(s): _____

Date Stamp
For City Use Only

Inspection Type Requested: _____

Date/Time Requested: _____

Please explain the reason(s) for your request: _____

ACKNOWLEDGEMENT

___ I/we understand that a request for overtime inspection is not a guarantee that the request will be approved.

___ I/we understand that approval of a request for overtime inspection is *not* an approval of the work being inspected. Work may still be subject to corrections and additional inspections.

___ I/we understand that there are additional fees associated with an overtime inspection and I/we agree to pay all costs in full prior to inspection. Please see LMC 3.104 or the appropriate fee schedule for rates.

Name: _____ Phone: _____

Signature: _____ Date: _____

FOR CITY USE ONLY

Building: **Appr.** **Den.** _____ Date: _____

Fire: **Appr.** **Den.** _____ Date: _____

Planning: **Appr.** **Den.** _____ Date: _____

Public Works: **Appr.** **Den.** _____ Date: _____