

OFF HOUR INSPECTION APPLICATION FORM

LOCATION INFORMATION:

Permit Number:		Permit Issue Date:	
Address:			
Location of Work:			
Job Site Contact Person(s): (Must be available at the site during the requested inspection)			
Job Site Contact Phone Number:		Job Site Contact Email:	
Type of Inspection:		Date of Requested Inspection:	
Approximate hours of Inspection:			
Other specific instructions for Inspector:			

APPLICATION REQUIREMENTS:

1. Completed Application received by PLI on: _____
2. Check, Money Order or Credit Card Payment for \$150.00 minimum, covering a 3-hour inspection, plus an additional \$50.00 for each additional hour of inspection
3. Payment methods: [_____]

*******STAMPED COPIES OF THE APPROVED DRAWING MUST BE MADE AVAILABLE TO THE INSPECTOR AT THE TIME OF INSPECTION. THE INSPECTOR WILL REQUEST ANY ADDITIONAL INSPECTION PAPERWORK THAT SHOULD BE MADE AVAILABLE AT THE TIME OF INSPECTION.**

Signature of Applicant

Applicant Name (printed):			
Applicant Phone:		Applicant Email:	
Signature:			
Date:			

FOR COMPLETION BY INSPECTOR:

Date of off-hour inspection:	
Number of hours for completion:	
Inspector name (printed)	
Inspector signature:	