

Request for Over-Time Inspection

Please print or ty	pe the following informa	tion:			
Applicant's Name:		Permit#			
Company Name (i	f applicable):				
Applicant's Phone	No:				
Applicant's Phone No: Day		Evening/Weekend s is \$627 (for a minimum of 3 hours). Your reque			
	of an inspector to perform to		TOI 3 Hours). Tour rec	quest is subject	
Name (please print)		Signature		date	
Please complete t	he following inspection info	ormation (Please print or ty	pe):		
	me will you be at the job ative that you arrive on time ch		he minimum 3 hour in	spection time may be	
Inspection Date	Inspection Address	Type of Inspection	Contact Person	Permit Number	
					_
					\dashv
Credit Card Infor	mum fee of \$627 must be mation: on Card:	•	•	onal hours may be bill	ed.
Card Number:				_ CVV:	
Card Type: Visa	a MC Disc Amex				
Billing Information	on:		Signature		
Billing Name:					
Billing Address:					
_					
(Updated 2023)					

phone: (925) 960-4410

CA Relay: Dial 711