REQUEST FOR AFTER HOURS SERVICE

GENERAL INFORMATION ABOUT THE AFTER HOURS PROGRAM
By completing this form and submitting it for consideration, you understand that this After Hours Service program will require the payment of specified hourly fees that are in addition to the regular plan check and inspection fees. The Building Official reserves the right to approve or deny a request for After Hours Service based on the availability of staff resources. After Hours Services should be requested as early as possible in order to allow sufficient time to determine the availability of staff to provide the service requested. Some requests may be denied due to the lack of available staff at the time or date requested. The staff member assigned to provide the after hours services may not be the same staff member who provides the service during normal business hours. The After Hours Service hourly rate is calculated using the employee’s overtime pay rate and is in addition to any other regular service fees. If the time or date of the request for After Hours field inspections is not contiguous to the regular work hours of the staff member, then a 2-hour minimum will be charged. If travel is necessary to the job site, travel time will be included in the time charged to the project. Expedited plan review services performed under this program include ONLY the Building & Safety Division’s portion of the plan review and does NOT include expedited plan review by any other Division or Department that may be involved in the overall plan review process. Requests for After Hours Services by other Divisions or Departments must be made directly to those Divisions or Departments. This is a program is voluntary.

Project Information

Permit #: Location of Project: 

Check type of service requested:
☐ First Plan Review ☐ Resubmittal Plan Review ☐ Field Inspection ☐ Other (specify)

Requested Date and Time of After Hours Service: (for field inspections only) 

Contact Person: ____________________________ Today’s Date ____________________________
Phone Number: ____________________________ email: ____________________________

THE SECTION BELOW IS TO BE COMPLETED BY BUILDING AND SAFETY STAFF ONLY

Authorizing Signature: ____________________________ Assigned Staff Member: ____________________________

Anticipated date service to be provided:

AFTER HOURS WORK RECORD (to be completed by the staff member performing the after hours service):

Staff Member Signature: ____________________________ Date(s): ____________________________
Start Time: ____________________________ End Time: ____________________________
Total Time Worked (Inspectors to include travel time): ____________________________ Hours/Minutes: ____________________________
Description of work performed: __________________________________________________________

☐ After Hours Fees and Notices Input into Accella Database Date Applicant Contacted: ____________________________

RETURN FORM TO THE BUILDING OFFICIAL WHEN COMPLETED