

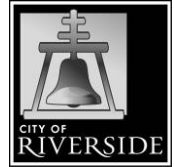
# City of Riverside

Building & Safety Division

Phone: (951) 826-5697

Fax: (951) 826-5622

[www.riversideca.gov](http://www.riversideca.gov)



## ❖ 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. If the time or date of the request for service is not contiguous to the regular work hours of the staff member, then a 2-hour minimum will be charged. The After Hours hourly rate charged for the service is 2.5 times the top step salary of the employee and is in addition to any and all other regular service fees. 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 portion of the plan review and do **not** include expedited plan review by any of the other Departments that may be involved in the overall plan review process. This is a voluntary program designed to expedite the normal plan review or inspection process.

### 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: \_\_\_\_\_ FAX: \_\_\_\_\_

### **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 (Inspector's 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**