

City of Riverside

Building & Safety Division

Phone: (951) 826-5697

Fax: (951) 826-5622

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. 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 (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