



NOTICE OF AFTER HOURS INSPECTION

Inspection Date: _____

Time Paged: _____

Time Completed: _____

Project Name and/or Location: _____

Permit #: _____

Inspector: _____

Callout details: _____

Responsible Party: _____

Company Name: _____

The hourly rate for After Hours Inspection is \$225 per hour

Number of Hours: _____ hrs. @ \$225 per hr. = \$ _____

Staff Approval: _____

Planning and 8 Yj Y`cda Ybh'GYf j]Wg'8 YdUf ha Ybh

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