



NOTICE OF AFTER HOURS INSPECTION (Emergency)

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 \$216 per hour

Number of Hours: _____ hrs. @ \$216 per hr. = \$ _____

Staff Approval: _____

Planning, Neighborhood and Transportation

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