

# 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 \$360 per hour***

Number of Hours: \_\_\_\_\_ hrs. @ \$360 per hr. = \$ \_\_\_\_\_

Staff Approval: \_\_\_\_\_

**Planning and 8 Yj Y'cda Ybh'GYfj jWg'**

7447 E Indian School, Suite 105, Scottsdale, AZ 85251 • [www.ScottsdaleAZ.gov](http://www.ScottsdaleAZ.gov)