

**INDIAN RIVER COUNTY
BUILDING DIVISION
AFTER-HOURS INSPECTION REQUEST**

Today's Date: _____

Date Inspection Needed: _____ Time: _____

Permit Number: _____

Property Address: _____

Contractor: _____

Contractor's Phone Number: _____

Type of Inspection

Building Plumbing Mechanical Electrical

Specific Type of Inspection: _____

Fees

Weekend and Holiday Inspections: \$50.00 per hour. Minimum 4 hours for each inspection.

Weekday Inspections: \$50.00 per hour. Minimum 2 hours for each inspection requested after 4:00 PM and before 6:00 PM or after 5:00 AM and before 8:00 AM. The hours between 6:00 PM and 5:00 AM are the same as the weekend rate of 4 hours minimum.

Estimated Number of Hours X \$50.00 = _____
Total Due

PROCEDURES

1. Prior to submitting this form, it is the contractor's responsibility to check with Building Division Staff* to verify if an inspector is available for the requested inspection.
2. This form must be completed, provided to the Building Division and fees paid prior to the requested inspection.
3. Any inspection time over the estimate will be billed to the contractor and must be paid prior to the Final Inspection.

Contractor's/Superintendent's Signature: _____

Contractor's License Number: _____

REQUEST: Approved Denied: REASON: _____

Inspector(s) Assigned: _____

Staff* Approval: _____ Date: _____

* Building Official, Operations Coordinator, or PEOD.