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**BUILDING DEPARTMENT
AFTER-HOURS (OVERTIME) INSPECTION REQUEST**

Date: _____

Instructions:

1. After-hours (Overtime) inspections may be requested for any time **outside** the Department's normal inspector's working hours. Our Hours of Operations are Monday - Friday between 7:00 a.m. and 3:30 p.m., excluding weekends and holidays.
2. Requests must be submitted no later than 2:00 p.m. on the day of the inspection. For weekend/holiday inspections, requests must be made no later than 2:00 p.m. on the previous business day.
3. Requests can be made in person between the hours of 8:00 a.m. and 2:00 p.m. or via e-mail to OvertimeInspection@cityofdoral.com. *Note: Email requests will receive a confirmation response if accepted.*
4. The fee is \$225.00 per trade for the first hour and \$75.00 per each additional hour.
5. The payment can be made in person or can be given to the inspector at the time of inspection. *Note: The Cashier will accept payments via cash, checks or via credit cards excluding AMEX. However, payments left at the jobsite must be in the form of a check only. Payments accepted in advance WILL NOT BE REFUNDED.*
6. Cancellations/Rescheduling requests must be made before 2:30 p.m. on the day of the inspection. To avoid being charged. For weekend/holiday inspections, cancellations/rescheduling must be made before 2:30 p.m. on the previous business day.

After-Hours Inspection Information: *(Only One Master Permit Number per form)*

Master Permit Number: _____ Job Address: _____

Permit Number pertaining to Inspection request: _____

Type of Inspection(s)/Inspection Code Requested: _____

Trade: _____ Requested Date: _____ Specify Day (Mon - Sun): _____ Time: _____

Contact Name: _____ Phone Number: _____

E-mail: _____

Justification: _____

Contractor Information:

Company Name: _____

Qualifier Name: _____

Phone Number: _____ Contractor's Signature: _____

Inspector Assigned: _____	For Office Use Only	
Number of Inspections: _____	Trade's Chief's Approval: _____	Process Clerk: _____
Total of Additional Hours: _____	Base Overtime Fee: \$ _____	
Total Fee: \$ _____	Additional Hours Fee: \$ _____	
	Date Fee Processed: _____	Kronos: _____