



ELECTRICAL OVERTIME REQUEST

All fields marked in **RED** must be filled.

Incomplete applications will not be accepted and inspection request will be denied.

JOB ADDRESS: _____ **BLOCK:** _____ **LOT:** _____

PERMIT NO(S) – EID: _____

OWNER/CONTRACTOR: _____ **PHONE NO:** _____

EMAIL (Write Clearly): _____

Service Requested	Minimum			Total Number of Hours	Total Fee
	Hrs	At	Min fee		
Electrical Off-Hour Inspections	2	\$477.00	\$954.00		

Electrical off-hour requests with **less than a two-business-day lead time** requires Senior approval. Additional inspection hours, including travel time, will be charged unless other arrangements are made in advance. Fees must be paid in advance.

Date of requested inspection: _____ **Time of requested inspection:** _____

Contact person: _____ **Phone:** _____

Reason for request: _____

Floor/area of inspection: _____

Chief/Senior approval: _____

SIGNATURE (REQUIRED)

By signing below, I certify the information provided is accurate.

Applicant Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

RECEIPT NUMBER: _____ **DATE OF RECEIPT:** _____ **RECEIVED BY:** _____