



CITY OF BEVERLY HILLS  
 Community Development Department  
 Development Services  
 455 N. Rexford Drive, 1st Floor  
 Beverly Hills, CA 90210  
 310-285-1000

## Request for Special Inspection

**A 72-HOUR NOTICE IS REQUIRED FOR SPECIAL INSPECTIONS**

I HAVE READ AND COMPLETED THE FORM AND AUTHORIZE THE PAYMENT OF FEES INCURRED BY THIS AGREEMENT. PREPAYMENT IS REQUIRED AT THE TIME OF REQUEST. CHECKS MUST BE MADE PAYABLE TO THE **CITY OF BEVERLY HILLS**.  
 Fees will be charged per the Fee Schedule in effect at the time of the request.

\_\_\_\_\_  
 APPLICANT NAME

\_\_\_\_\_  
 APPLICANT SIGNATURE

**TODAY'S DATE:**

**ON- SITE CONTACT:**

**COMPANY NAME:**

**ON SITE- CONTACT CELL NUMBER:**

**COMPANY ADDRESS:**

**PHONE:**

**E-MAIL:**

**SPECIAL INSPECTIONS OUTSIDE OF REGULAR WORK HOURS**

BEFORE/AFTER OFFICE HOURS     OFF DAYS/WEEKENDS

**REQUESTED INSPECTION DATE:**

**REQUESTED INSPECTION TIME:**

**PROJECT ADDRESS:**

**PERMIT NUMBER:**

**IN THE SPACE BELOW, WRITE A BRIEF STATEMENT EXPLAINING WHY THE REQUESTED INSPECTION CANNOT BE MADE DURING REGULAR HOURS.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INTERNAL USE ONLY:**

**STAFF RESPONSIBLE FOR PROCESSING APPLICATION:**

NAME:

DATE:

**BUILDING INSPECTOR APPROVAL:**

SIGNATURE:

DATE:

**SUPERVISOR APPROVAL:**

SIGNATURE:

DATE: