



## REQUEST FOR SPECIAL INSPECTION AND/OR PLAN REVIEW

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

I HEREBY REQUEST SPECIAL SERVICES AS DESCRIBED BELOW. I HAVE READ AND COMPLETED THE FORM AND AUTHORIZE THE PAYMENT OF FEES INCURRED BY THIS AGREEMENT.

\_\_\_\_\_  
 REQUESTOR'S NAME

\_\_\_\_\_  
 REQUESTOR'S SIGNATURE

**TODAY'S DATE:**

**FIELD CONTACT:**

**COMPANY NAME:**

**CONTACT CELL NUMBER:**

**ADDRESS:**

**PHONE:**

**E-MAIL:**

### SPECIAL INSPECTIONS OUTSIDE OF REGULAR WORK HOURS

TOTAL HOURS (4 HOUR MINIMUM) : \_\_\_\_\_

PROVISIONS FOR FEES ARE ESTABLISHED IN ACCORDANCE WITH SEC. 304, TABLE 3-1 OF THE UNIFORM ADMINISTRATIVE CODE.

**PROJECT ADDRESS:**

**DATE OF SPECIAL INSPECTION REQUEST:**

**PERMIT NUMBER:**

**DATE OF INSPECTION REQUIRED:**

**BUILDING INSPECTOR APPROVAL:**

SIGNATURE

DATE

**SUPERVISOR APPROVAL:**

SIGNATURE

DATE

**NOTE: PREPAYMENT IS REQUIRED AT THE TIME OF REQUEST. MAKE CHECKS PAYABLE TO CITY OF BEVERLY HILLS. IN THE SPACE PROVIDED BELOW, WRITE A BRIEF STATEMENT EXPLAINING WHY THE REQUESTED INSPECTION CANNOT BE MADE DURING REGULAR HOURS.**
