



CITY OF PORT ORANGE

COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION
1000 CITY CENTER CIRCLE
PORT ORANGE, FLORIDA 32129
TELEPHONE 386-506-5602
FAX 386-506-5699

AFTER HOURS INSPECTION REQUEST

Time of Inspection:	Fee
<u>CONTINUATION OF WORK DAY</u> Before 7:00 am or after 3:30 pm as a. 5:00-7:00am or 3:30-5:30pm M-F	[] \$80.00 per hour, with a minimum of 2 hours
<u>NON CONTINUATION OF WORK DAY.</u> Saturday, Sunday, Holiday, or prior to 5:00am or after 5:30pm	[] \$80.00 per hour, with a minimum of 4 hours.

Permit Number _____ Job Name: _____

Job Address: _____

Date of Inspection _____ Time of Inspection Request: _____

Type of Inspection Requested: _____

Contractor/Contact Name: _____

Contractor/Contact Phone number: _____

Contractor Signature(REQ): _____

Contractor Printed Name: _____

Inspector Assigned: _____

Approved by(REQ): _____ Date: _____

Amount Due: _____ Date Paid: _____ Rec'd by: _____