



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

Date: _____

PAYMENT (Admin Use Only)	
<input type="checkbox"/> Received	<input type="checkbox"/> \$ in Field
Invoice #: _____	
Number of Inspections: _____	
Base Overtime Fee: \$ _____	
Total of Additional Hours: _____	
Additional Hours Fee: \$ _____	
Total Fee: \$ _____	
Date Fee Processed: _____	

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 4:00 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. Emailed requests will receive a confirmation response if accepted.
4. The fee is \$273.00 **per trade** for the first hour and \$91.00 per each additional hour for 2025+ permits. See Fee Schedule for current information at <https://www.cityofdoral.com/Departments/Building-Department/>.
5. The payment can be made in person or can be given to the inspector at the time of inspection. The City accepts cash, check or credit card (Visa, MC, Discover or Apple Pay Only). Payments left at the jobsite must be in the form of a **check only**. Payments accepted in advance **CANNOT BE REFUNDED**.
6. **NO CANCELLATIONS.** Rescheduling requests **MAY** be made before 2:30 p.m. on the day of the inspection. 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/Unit:** _____

Site Contact Name (if different from Qualifier): _____ **Cell:** _____

Request Justification (Required): _____

Contractor Information: (Contractor’s registration **must be current!**)

Company Name: _____ **Qualifier Name:** _____

Invoice Email: _____ **Contractor’s Signature:** _____

Qualifier Request					Office Use	
Sub Permit #	Trade (BD, EL, ME, PL, RF, FId)	Date(s)	Time	Inspection Type(s)	Chief Initials	Inspector Assigned