



**Sam Shahrouri**  
Deputy Director of TLMA  
Building Official

# COUNTY OF RIVERSIDE

## DEPARTMENT OF BUILDING AND SAFETY

### INSPECTION OVERTIME REQUEST

### 2 HOUR MINIMUM

Date: \_\_\_\_\_

Permit Number/s: \_\_\_\_\_

Inspection request date: **Must be ready on the date this form is submitted.**

Person requesting overtime: \_\_\_\_\_

I certify that this inspection has been verified by the person listed above and the inspection is ready, I also acknowledge that by submitting this form that cancellations are not allowed, and the permit/s listed for this request may be charged the minimum charge in the event that it is canceled.

Signature of person requesting inspection: \_\_\_\_\_

Relationship to project: \_\_\_\_\_

(Agent, Owner, Architect, Contractor, Engineer, Super Intendent)

Phone number with area code: \_\_\_\_\_ Email: \_\_\_\_\_

**For tract block walls (BWL permits), a residential (BRS permit) situated at one of the lots requested for tract wall overtime shall be required to carry the overtime charges. BRS#**

\_\_\_\_\_ A regular time request must be submitted to qualify for overtime

his will be verified)

Yes, I have submitted a regular time request and my confirmation date is: \_\_\_\_\_

I/we understand that overtime is reserved for emergency purposes and inspection backlog and is not to be used for regular time inspections or saving spaces. Overtime request cannot be converted into regular time inspections.

**Overtime must be scheduled at least 24 hrs. in advance and will not be accepted if more than 48 hrs. in advance.**

I understand that if overtime is approved, that additional charges will be incurred and assessed to the project.

Signature of person requesting overtime: \_\_\_\_\_

Approved       Denied

Counter service Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

Office Manager: \_\_\_\_\_ Date: \_\_\_\_\_

