



AFTER HOURS INSPECTION REQUEST
 Orange County Division of Building Safety
 201 S. Rosalind Avenue, Orlando, FL 32802
 Phone 407-836-5550
 Email: Fasttrack@ocfl.net

REQUIREMENTS

To request an after hours inspection, a completed application must be submitted to the Orange County Division of Building Safety. The term "after hours" means any time other than the normal working hours (Monday through Friday between 7:00 AM and 3:30PM). For fees please refer to: <http://www.orangecountyfl.net/Portals/0/resource%20library/Open%20Government/FeeDirectory.pdf>

All requests must be received and paid for before 1:00PM on the day of inspection.
(For weekend inspections, the requests/fees must be submitted by Friday before 1:00PM)
 Contractor licenses must be active.

**Cancellations/Rescheduling must be submitted before 1:00PM the day of the inspection to avoid being charged.*

Today's Date: _____ Contractor License Number: _____
 Contractor License Holder Name: _____
 Company Name: _____
 Contractor's E-Mail Address: _____

After Hours Inspection Information

ONLY ONE PERMIT NUMBER AND ADDRESS PER FORM

PERMIT NUMBER: _____
 Select trade requested for inspection: Building/Roof Electrical Mechanical Plumbing/Gas/Irrigation
 Job or Subdivision Name: _____ Type Inspection Needed: _____
 Job Address: _____ Lot Number: _____
 INSPECTION NEEDED FOR DATE: ___/___/___ TIME: _____ AM PM

Contact Information

During business hours Contact Person and Phone #: _____
After Hours Contact Person and Phone #: _____

Payment Method: Cash ___ Check # _____ Escrow ___ Credit Card ___

*******For Escrow Account Holders Only*******

Contractor License Holder Signature: _____
Personally Known ___ **OR Produced Identification** ___ **Type of Identification Produced** _____

 (Name of Notary) Seal

 (Signature of Notary)

****LICENSE HOLDER SIGNATURE IS REQUIRED FOR ESCROW ACCOUNT PAYMENTS, NO EXCEPTIONS****

DIVISION USE ONLY

Inspector assigned: _____ **County ID#:** _____

Approved by: _____ **Date:** _____