



Overtime Plan Review & Inspection Request

Today's Date: _____

Print Your Name: _____

General Contractor: _____

General Contractor Address: _____

General Contractor Telephone: _____

Chief Inspector: _____

Permit Number: _____

Date For Requested Overtime: _____

Address Of Job Site: _____

OVERTIME IS REQUESTED FOR THE FOLLOWING:

- First Time Plan Review Correction To Plan Review
 Revision Inspection - Inspection Type: _____

For The Following Discipline(s):

one (1) overtime request required per discipline

_____	STRUCTURAL	_____	ELECTRICAL
_____	MECHANICAL	_____	PLUMBING
_____	FIRE		

I am aware that I am responsible to reimburse the City of Coral Springs for the overtime costs incurred from this request. Payment for an inspection request(s) is due the day after inspection is performed. Plan review fees will be collected at time of permit pick-up.

Signature Of Authorized Representative

Title

***An overtime plan review or inspection request is for building staff's time to perform the task.**