



## 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: \_\_\_\_\_

Contact Phone Number for Inspection Time: \_\_\_\_\_

### **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.