



## OFFICE OF THE FIRE MARSHAL REQUEST FOR AFTER HOURS INSPECTION

Today's Date:	Permit Number:
Property Address:	
Date and Time of Requested Inspection:	
Type of Inspection:	Inspection Code Number:
Reason for Requested Inspection:	
Person Requesting Inspection:	
Contact Telephone Number:	
Contractor's Name:	* Contractor's Signature:*  *Signature Required
<ul> <li>REQUIREMENTS FOR AFTER HOURS INSPECTIONS</li> <li>Requests must be made, in writing at least 24 hours prior to the time of inspection.</li> <li>Email all requests to osceolafiremarshal@osceola.org         For information regarding After Hours Inspections call 407-742-6700     </li> <li>After Hours Inspections: Any inspections not within the normal working hours of 7:00 AM to 4:00 PM or regular work days, or any weekend or holiday.</li> <li>Inspections will be charged at a rate of \$50.00 per hour with a 3-hour minimum and billed in hourly increments.</li> <li>Contractor agrees to pay the fee and will be billed for the time as indicated above. Payment is due upon receipt and no further inspections will be performed and/or a Certificate of Occupancy will not be issued untit the fee is paid.</li> </ul>	
Chief Inspector Approval for Inspection:YesN	lo Signature:
Date of field inspection:/a	pprovedrejected Inspector:
Time of inspection: to Total	hours: Total Cost:
☐ Entered for pay @ C of O	☐ Paid in full