



OVERTIME INSPECTION REQUEST

E-mail(s): _____
(Required)

Date: _____

Trade: Building Roofing Electrical Plumbing/Gas Mechanical

Inspection Type: _____ Category: _____
(Inspection Codes: <https://www.miamidade.gov/building/inspection-codes.asp>)

I, _____, request an overtime inspection for _____
(Requester name) *(Date)*

at _____ AM / PM for the property located at _____
(Time) *(Property Address, ZIP code)*

Master permit # _____ and subsidiary permit # _____.

Please contact _____ at phone(s) # _____
(Contact information)

Thank you,

 Signature

 Print Name

For Department Use Only

X Number:		Date Paid:	
Inspector Name:		Fee Charged:	
Approved By:		Signature:	