



Application/Permit # _____

COMMERCIAL SPECIAL REQUEST & AFTER HOURS INSPECTION APPLICATION

This form must be completed for **COMMERCIAL** projects whenever a special weekend inspection request or after hours inspection (**Before 8:30AM or after 4PM**) is needed. A Special Request Inspection fee will be assessed based on the current adopted fee schedule. **A minimum 3 hour window is required.** Approval is at the discretion of the Inspections Supervisor and subject to inspector availability.

Please return the completed form a minimum of 5 business days prior to the requested date(s) to the Public Services - Inspections Division as a PDF, email to Inspections@TownofClaytonNC.org

PROJECT INFORMATION

Project Address _____ City _____ Zip _____
 Location _____ Lot # _____
 Project Name _____

INSPECTION REQUEST

Please check all that apply and indicate specific inspection
 _____ Electrical (specify) _____ Plumbing (specify) _____
 _____ Building (specify) _____ Mechanical (specify) _____

INSPECTION DESCRIPTION

Please detail what item(s) you would like inspected:

Date of Inspection _____ Day _____
 Time of Inspection _____ AM _____ PM _____ Requested time for inspection

CONTACT INFORMATION

Contact Person _____ (Must be at job site at time of inspection)
 Company Name _____
 Address _____ State _____ Zip _____
 Email _____ Mobile Phone _____

I hereby certify that I have the authority to schedule inspections on this permit and that I understand that this is a Special Request Inspection, which may result in charges additional to those already paid at the time of permit issuance.

 Owner/Agent Name (print) _____ Owner/Agent Signature _____ Date _____

TOWN OF CLAYTON APPROVALS

Electrical Inspector Assigned		Plumbing Inspector Assigned	
Electrical Inspector Approval		Plumbing Inspector Approval	
Date		Date	
Building Inspector Assigned		Mechanical Inspector Assigned	
Building Inspector Approval		Mechanical Inspector Approval	
Date		Date	

Commercial Inspections: Minimum Charge (up to 3 hours) _____
 After Hours Extended Time Charge (minimum 2 hours) _____

Start Time Of Inspection: _____
 Stop Time of Inspection: _____
 Total Time of Inspection: _____