



Application/Permit # \_\_\_\_\_

**TOWN OF CLAYTON**  
Public Services - Inspections  
111 E. Second St., P.O. Box 879  
Clayton, NC 27528  
Phone: 919-553-5002

**RESIDENTIAL EMERGENCY ONLY AFTER HOURS INSPECTION APPLICATION**

This form must be completed for **EMERGENCY ONLY** residential projects whenever an after hours inspection (Before 8:30AM or after 4PM) is needed. An after hours fee will be assessed based on the current adopted fee schedule. A minimum 2 hour obligation is required. Approval is at the discretion of the Inspections Supervisor and subject to inspector availability.

Please return the completed form to Inspections Department as a PDF, email to [Inspections@TownofClaytonNC.org](mailto: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	

Residential 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: \_\_\_\_\_

(Round up 15 minute intervals.)