



Sam Shahrouri
Deputy Director of TLMA
Building Official

COUNTY OF RIVERSIDE

DEPARTMENT OF BUILDING AND SAFETY

INSPECTION OVERTIME REQUEST

2 HOUR MINIMUM

Date: _____

Permit Number/s: _____

Inspection request date: _____ Limitation date: _____

Person requesting overtime: _____

I certify that this inspection has been verified by the person listed above and the inspection is ready, I also acknowledge that by submitting this form that cancellations are not allowed, and the permit/s listed for this request may be charged the minimum charge in the event that it is canceled.

Signature of person requesting inspection: _____

Relationship to project: _____

(Agent, Owner, Architect, Contractor, Engineer, Super Intendent)

Phone number with area code: _____ Email: _____

For tract block walls (BWL permits), a residential (BRS permit) situated at one of the lots requested for tract wall overtime shall be required to carry the overtime charges. BRS# _____

A regular time request must be submitted to qualify for overtime (this will be verified)

Yes, I have submitted a regular time request and my confirmation date is: _____

I/we understand that overtime is reserved for emergency purposes and inspection backlog and is not to be used for regular time inspections or saving spaces. Overtime request cannot be converted into regular time inspections.

Overtime must be scheduled at least 24 hrs. in advance and will not be accepted if more than 48 hrs. in advance.

I understand that if overtime is approved, that additional charges will be incurred and assessed to the project.

Signature of person requesting overtime: _____

Approved Denied

Counter service Supervisor _____ Date: _____

Office Manager: _____ Date: _____



**COUNTY OF RIVERSIDE
 BUILDING AND SAFETY DEPARTMENT
 OVERTIME INSPECTION REQUEST - By Fax
 Fax: (951)955-1806 Office: (951)955-1800
 Email: BuildingDispatch@rivco.org**

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APPROVED OVERTIME

Tract Name:		Tract Number:	
Developer:		City:	
Cross Streets:		Date Faxed:	
For Office Use Only		Inspection Date Requested:	
		Requested By:	
		Telephone Number:	
		Email:	
		Fax Number:	
Lot #	Building Permit Number	Requested Inspection Code (See Job Card)	
REQUEST DENIED			
Conditions		Transportation	
Grading		MIT Fees	
		Fire	
		Supp Fees	
		Planning	
		Other	
Date:		Confirmed Time:	
		Initials:	