



BUILDING DEPARTMENT

190 Malabar Road SW • Suite 105 • Palm Bay, Florida 32907

Phone: 321-953-8924 •

Email: permitinfo@palmbayflorida.org

Website: <https://ims.palmbayflorida.org/ims>



After Hours Inspection Request

(PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM)

1. After Hours inspections may be requested for a time outside the inspectors' regular shifts.
2. Requests may be submitted in person at our office (address above) or by email at permitinfo@palmbayflorida.org. If sending email, please state "**AFTER HOURS INSPECTION REQUEST**" in the subject line and include the form below. All required information must be listed on the After Hours Inspection Request form, or the form will be rejected. Requests for an After Hours inspection must be received during normal working hours for processing. Any requests received outside of normal working hours will be processed the next business day.
3. **All requests are subject to inspector availability.** You will be contacted via email or phone if your request is accepted and your After Hours inspection is ready to be scheduled. The After Hours inspection fee is required to be paid prior to the scheduling of the inspection. Once the fee is paid, please email permitinfo@palmbayflorida.org and one of the permit technicians will confirm payment and then schedule the inspection.
4. After Hours inspection fees are \$200.00 minimum for the first two (2) hours and \$100 per each additional hour (per inspection requested). Note: Should your inspection take longer than the two-hour minimum, the additional time will be charged in one-hour increments. Please note your inspection will not be resulted until all After hours inspection fees are paid in full.
5. Cancellations/Rescheduling requests must be made at least one business day **before** your scheduled After Hours inspection during normal business hours in order for the minimum fee to be refunded (in the case of a cancellation) or applied to your rescheduled date (if the After Hours inspection is being changed to another date or time).



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After Hours Inspection Request Form

Date: _____

Job Site Address: _____

Permit No: _____

Requested Date: _____ **Specify Day:** _____ **Time Requested:** _____

Inspection Requested: (Must submit one form per inspection requested)

(Please check applicable trade, indicate inspection type)

Building _____ Plumbing _____ Electrical _____ Mechanical _____ Fire _____

Inspection Type: _____

Special Instructions: _____

(*Required Information)

*Contractor/Homeowner: _____

*Contact Name: _____

*Phone Number: _____ *Email: _____

FOR OFFICE USE ONLY

Chief Approval: _____ Inspector Assigned: _____

Minimum Overtime Hours: _____ Min. Overtime Fee: _____ Date Fee Processed: _____

Total Additional Hours: _____ Additional Hours Fee: _____ Date Fee Processed: _____

Total Overtime Fee Charged: _____ **Permit Technician:** _____