



**CITY OF NEWPORT BEACH**  
**COMMUNITY DEVELOPMENT DEPARTMENT**  
**BUILDING DIVISION**

100 Civic Center Drive | P.O. Box 1768 | Newport Beach, CA 92658-8915

[www.newportbeachca.gov](http://www.newportbeachca.gov) | (949) 644-3200

**SPECIAL INSPECTION REQUEST**  
**OUTSIDE OF NORMAL BUSINESS HOURS**

**FEE: \$482.00** (2 hours)  
(\$241.00 each additional hour)

**NOTE:** *This request form must be submitted for approval no later than 3 p.m. on the day prior to the requested inspection.*

Date: \_\_\_\_\_ Permit # \_\_\_\_\_

Job Address: \_\_\_\_\_

Type of inspection requested: \_\_\_\_\_

Requested Inspection Date: \_\_\_\_\_ Requested Time: \_\_\_\_\_

Requested By: \_\_\_\_\_ Phone #: \_\_\_\_\_

Purpose of Inspection: \_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY:**

Inspection authorized by: \_\_\_\_\_

Assigned to Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Inspector's Report: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommendation: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Action to be taken: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_