



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 | (949) 644-3200

SPECIAL INSPECTION REQUEST
(No permits exist)

FEE: \$220.00 per hour

Date: _____

Inspection Address: _____

Item to be inspected: _____

Requested Inspection Date: _____ Requested Time: _____

Purpose of Inspection: _____

I, the undersigned owner of record for the premises located at the above address, do hereby request that the Building Division inspect the item indicated above to determine if there are any code violations therein.

It is my understanding that I will be responsible for correcting any violations noted.

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____

(For Office Use Only)

Inspection authorized by: _____

Assigned to Inspector: _____ Date: _____

Inspector's Report: _____

Action to be taken: _____

Inspector Signature: _____ Date: _____