



**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**  
(No permits exist)

**FEE:** \$213.00 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: \_\_\_\_\_