



**AFTER HOURS INSPECTION REQUEST**  
 Orange County Division of Building Safety  
 201 S. Rosalind Avenue, Orlando, FL 32802  
 Phone 407-836-5550  
 Email: [ESubs@ocfl.net](mailto:ESubs@ocfl.net)

**REQUIREMENTS**

To request an after hours inspection, a completed application must be submitted to the Orange County Division of Building Safety. The term "after hours" means any time other than the normal working hours (Monday through Friday between 7:00 AM and 3:30PM). For fees please refer to: <http://www.orangecountyfl.net/Portals/0/resource%20library/Open%20Government/FeeDirectory.pdf>

**All requests must be received and paid for before 1:00PM on the day of inspection.**  
**(For weekend inspections, the requests/fees must be submitted by Friday before 1:00PM)**  
 Contractor licenses must be active.

*\*Cancellations/Rescheduling must be submitted before 1:00PM the day of the inspection to avoid being charged.*

Today's Date: \_\_\_\_\_ Contractor License Number: \_\_\_\_\_  
 Contractor License Holder Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Contractor's E-Mail Address: \_\_\_\_\_

**After Hours Inspection Information**

**ONLY ONE PERMIT NUMBER AND ADDRESS PER FORM**

**PERMIT NUMBER:** \_\_\_\_\_  
 Select trade requested for inspection:  Building/Roof  Electrical  Mechanical  Plumbing/Gas/Irrigation  
 Job or Subdivision Name: \_\_\_\_\_ Type Inspection Needed: \_\_\_\_\_  
 Job Address: \_\_\_\_\_ Lot Number: \_\_\_\_\_  
 INSPECTION NEEDED FOR DATE: \_\_\_/\_\_\_/\_\_\_ TIME: \_\_\_\_\_  AM  PM

**Contact Information**

**During business hours** Contact Person and Phone #: \_\_\_\_\_  
**After Hours** Contact Person and Phone #: \_\_\_\_\_

Payment Method: Cash \_\_\_ Check # \_\_\_\_\_ Escrow \_\_\_ Credit Card \_\_\_

**\*\*\*\*\*For Escrow Account Holders Only\*\*\*\*\***

**Contractor License Holder Signature:** \_\_\_\_\_  
**Personally Known** \_\_\_ **OR Produced Identification** \_\_\_ **Type of Identification Produced** \_\_\_\_\_  
 \_\_\_\_\_  
 (Name of Notary) Seal  
 \_\_\_\_\_  
 (Signature of Notary)

**\*\*LICENSE HOLDER SIGNATURE IS REQUIRED FOR ESCROW ACCOUNT PAYMENTS, NO EXCEPTIONS\*\***

**DIVISION USE ONLY**

Inspector assigned: \_\_\_\_\_ County ID#: \_\_\_\_\_  
 Approved by: \_\_\_\_\_  
 Date: \_\_\_\_\_