



City of Coral Gables
Development Services Department
OVERTIME INSPECTION REQUEST

Date: _____

PERMIT # _____

Inspection Date/Time: _____

Company Name: _____

Qualifier Name: _____

Contact Name & Phone & E-mail address: _____

Jobsite Address/Project Name: _____

Description of Inspection: _____

Reason why an afterhours inspections is necessary: _____

 Signature of Qualifier

 Print Name

----- FOR OFFICE USE ONLY -----

Discipline _____

Inspector Assigned _____ Initials _____

Approved by Chief _____

Discipline _____

Inspector Assigned _____ Initials _____

Approved by Chief _____

Discipline _____

Inspector Assigned _____ Initials _____

Approved by Chief _____

Note: Mechanical and Fire approval required to schedule overtime Smoke Test