

CONSTRUCTION SERVICES ENGINEERING OFF-HOUR INSPECTION REQUEST

(Please Print Legibly)

DATE: 7/28/11

TO: Captain, Construction Services Unit
Fire Prevention Bureau
201 N. Figueroa Street, Room 300
Los Angeles, CA 90012

FROM: Jonathan Doe
123 Moonbeam St.
Los Angeles, CA 90012

SUBJECT: OFF- HOUR INSPECTION REQUEST

JOB ADDRESS: 9876 Imaginary Lane

REQUESTED INSPECTION DATE: _____ TIME: _____

Please provide an LAFD Inspector for an Off-Hour Inspection due to the fact that the building does not allow testing during normal business hours.

The below listed person will be invoiced \$344 for the first 4 hours, with a 4-hour minimum required, and a \$86 fee for each additional hour or any portion thereof.

BILLING INFORMATION

(Please Print Legibly)

Name: Jane Doe

Title: Owner

Address: 200 Enchantment Ct. Los Angeles, CA 90012

Phone No. () _____

Authorized Signature: Jonathan Doe

Print Name: JONATHAN DOE

-----For office use only-----

LAFD Inspector Signature: _____

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BILLING INFORMATION

(Please Print Legibly)

Name: _____

Title: _____

Address: _____

Phone No. () _____ Email: _____

Authorized Signature: _____

-----For office use only-----

LAFD Inspector Signature: _____