



Inspections & Permits Department  
 316 North Academy Street  
 Cary, NC 27513  
 (919) 469-4043 Fax: (919) 462-3840  
 Voice Response Unit: (919) 462-3800  
 Email: BuildingSafety@townofcary.org  
 www.townofcary.org

# SPECIAL REQUEST & AFTER HOURS INSPECTION APPLICATION

Application/Permit # \_\_\_\_\_ - \_\_\_\_\_

TOWN of CARY

This form must be completed for projects whenever a special inspection request or after hours inspection is needed. A Special Request Inspection fee will be assessed for each inspection requested at \$60.00 per trade per hour. **Please return the completed form to the Inspections & Permits Department in person at Town Hall, or fax to (919) 462-3840.**

## PROJECT INFORMATION

Project Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
 Subdivision \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Project Name \_\_\_\_\_  Commercial  Residential

## INSPECTION REQUEST

Please check all that apply and indicate specific inspection.

Fire (specify) \_\_\_\_\_  Plumbing (specify) \_\_\_\_\_  
 Building (specify) \_\_\_\_\_  Mechanical (specify) \_\_\_\_\_  
 Electrical (specify) \_\_\_\_\_  Other (specify) \_\_\_\_\_

## INSPECTION DESCRIPTION

Please detail what item(s) you would like inspected \_\_\_\_\_  
 \_\_\_\_\_

Date of Inspection: \_\_\_\_\_ Day: \_\_\_\_\_  
 Time of Inspection: \_\_\_\_\_ AM / PM Estimated Time Needed: \_\_\_\_\_ Hours

## CONTACT INFORMATION

Contact Person \_\_\_\_\_ **(Must be at job site at time of inspection.)**  
 Company Name \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Email \_\_\_\_\_ Office Fax (\_\_\_\_) \_\_\_\_\_

**I hereby certify that I have the authority to schedule inspections on this permit, and that I understand that this is a Special Request Inspection which may result in charges additional to those already paid at time of permit issuance.**

\_\_\_\_\_ Owner/Agent Name (print) \_\_\_\_\_ Owner/Agent Signature \_\_\_\_\_ Date

## TOWN OF CARY APPROVALS (To be completed by Town staff)

Fire Inspector Assigned _____ Chief Inspector Approval: _____ Date: _____	Plumbing Inspector Assigned _____ Chief Inspector Approval: _____ Date: _____
Building Inspector Assigned _____ Chief Inspector Approval: _____ Date: _____	Mechanical Inspector Assigned _____ Chief Inspector Approval: _____ Date: _____
Electrical Inspector Assigned _____ Chief Inspector Approval: _____ Date: _____	Other Inspector Assigned _____ Chief Inspector Approval: _____ Date: _____