



## Application for Overtime Inspection

**Today's Date:**

**Permit Number(s):**

**Address of Inspection:**

**Applicant:**

**Phone Number:**

**Jobsite Contact Name:**

**Jobsite Contact Phone Number:**

**Card Holder Name:**

**Card Holder Phone Number:**

**Contact Email Address:**

**Description:**

### Preferred Inspection Date/Time:

**Date:**

**Time:**

6 a.m. – 8 a.m.

5 p.m. – 7 .pm.

Other:

### Contact Information

**Permit Center:** 408-615-2420 | **Email:** [permitcenter@santaclaraca.gov](mailto:permitcenter@santaclaraca.gov)

**Building Division:** 408-615-2440 | **Email:** [building@santaclaraca.gov](mailto:building@santaclaraca.gov)