



CITY OF BOSTON INSPECTIONAL SERVICES DEPARTMENT

Mayor Martin J. Walsh

OFF HOUR INSPECTION REQUEST

Date: ___/___/___

FEE: \$250.00

Customer's Name: _____

Address: _____

Reason for Request: _____

Office Use Only:
BLDG: _____
ELEC: _____
HEALTH: _____
MECH: _____
P&Z: _____
Other: _____
ISD Approval: (Reviewed By) _____

Date: ___/___/___ Start Time: _____ AM _____ PM Anticipated End Time: _____ AM _____ PM

LOCATION OF WORK SITE: _____

Contact Name: _____ (official who will be on site)

Phone: _____ Permit #: _____

Customer's/Contractor's Signature: _____

Please Note: To apply for an Off-Hour permit to work outside of the normal construction hours, please send the completed application via email to ISDOffHourInspection@boston.gov. Once received we will contact you regarding the next steps.

ON SITE CONFIRMATION OF WORK:

Inspection Date: ___/___/___

Start Date: _____ End Time: _____ Actual Hours Worked: _____

Customer Representative (print): _____ Signature: _____

Inspector Name (print): _____ Signature: _____

Inspector ID#: _____