



Mayor Michelle Wu

## CITY OF BOSTON INSPECTIONAL SERVICES DEPARTMENT

### 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](mailto:ISDOffHourInspection@boston.gov). Once received we will contact you regarding the next steps.

#### ON SITE CONFIRMATION OF WORK:

Inspection Date: \_\_\_/\_\_\_/\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Actual Hours Worked: \_\_\_\_\_

Customer Representative (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Inspector Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Inspector ID#: \_\_\_\_\_