



Re-Inspection Payment Form

Date: _____

Name: _____ Phone: _____

Address: _____

Permit Number: _____

Residential

Commercial

(If commercial, check discipline)

Building

Mech/Plumbing

Electric

Site

Fire

Sign

Fee: \$140 per Hour

Total: _____

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**City Use Only**

Inspector's Name: \_\_\_\_\_  
Accela Entry By: \_\_\_\_\_ Date: \_\_\_\_\_

Cc: Field Inspection – Support Staff