



City of San Antonio
 Fire Prevention Division
 1901 S. Alamo St
 San Antonio, TX 78204



After Hours Request Form

Permit: _____
 (A/P#)

Job Site: _____
 (Project Name)

Project Address: _____
 (Physical Address) (City) (State) (Bldg. # / Suite #) (Zip Code)

COSA (Contractor) I.D. : _____

Company/Org. Name: _____
 (Name of Contractor requesting inspection)

Company Address: _____
 (Physical Address) (City) (State) (Bldg. # / Suite #) (Zip Code)

Office Number: _____

Email: _____

| INSPECTIONS: (Check all that apply:) | Fire Alarm | Fixed Extinguish. System | Paint Booth | Gaseous Suppression | Fire Lane | Fire Final | Certificate of Occupancy | | | | | |
|--|------------------------------|--------------------------|-------------|---------------------|-----------|------------|--------------------------|-----------------|-----------|-------------|-------------|-----------|
| | | | | | | | | | | | | |
| Fire Sprinkler AND Underground | Visual (less than 100 heads) | Visual (100+ heads) | Hydro | UG Visual | UG Hydro | Flush | Flow | Main Drain Test | Tamp/Flow | 24 Air Test | Hi/Low Test | Trip Test |
| | | | | | | | | | | | | |

*Total device/sprinkler head count to be inspected/tested: _____

Note: After hours inspections will be conducted at 5:30 PM or 5:00 AM (WEEKDAYS).

Requested Date of Inspection: _____ **AM**____ **-or-** **PM**____ **Total Hours Requested:** _____

On-Site Contact Name: _____ **Contact Number:** _____

Permit Holder: Contact the Fire Prevention Office at (210) 207-8410 Option 0 after 3:30 p.m. to verify approval of after hour requests. Information on the status of the after hours inspection will only be released to the Permit Holder.

We understand that after hours charges will be at the rate of \$82.40 per hour (minimum of 2 hours).
 (Payable to: City of San Antonio).

Payment Type:

Please deduct inspection fee(s) from my escrow account.

Credit Card **Contact Name:** _____ **Phone:** _____

Pay On-line **Contact Name:** _____ **Phone:** _____

Signature:** _____ **Print Name:** _____ **Date:** _____

**Provide Contact ID (AC#####) if unable to sign the digital document