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)

Office Number: ____________________________  Email: ____________________________

**INSPECTIONS:**

<table>
<thead>
<tr>
<th>Select scope of work:</th>
<th>Fire Sprinkler</th>
<th>Underground</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire System Final</td>
<td>Visual (100+ heads)</td>
<td>Visual (less than 100 heads)</td>
</tr>
<tr>
<td>UG Visual</td>
<td>Hydro</td>
<td>Flush</td>
</tr>
<tr>
<td>Flow</td>
<td>Main Drain Test</td>
<td>Tamp/Flow</td>
</tr>
<tr>
<td>Flow</td>
<td>24 Air Test</td>
<td>Hi/Low Test</td>
</tr>
<tr>
<td>Trip Test</td>
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</tr>
</tbody>
</table>

(Select All that apply)

*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).

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

On-Site Contact Name: ____________________________  Contact Number: ____________________________

Permit Holder: The Fire Prevention Office will notify the point of contact listed above if the after-hours request was approved or denied. Information on the status of the after-hours inspection will only be released to the Permit Holder.

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

☐ 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

Please email this request to: fireinspections@sanantonio.gov

http://www.sanantonio.gov/SAFD/BusinessandInspections