

## REQUEST FOR ADDITIONAL HOURS OF CONSTRUCTION

Submit this completed form to the Building Safety Division at the One-Stop Permit Center a minimum of five working days before the requested date.

Project Number:			
	☐ Property Owner	□ Engineer	
Requested Time and Date of Construction Hours:			
Reason for Requ	est:		
Requested Scope	of Construction Activ	/ity:	
Contact Person Name:			
Telephone Number: E-mail:			
Address:			
City, State, Zip Code:			
**************************************			
Denied			
$\square$ Approved for the following additional hours of construction:			
Monday-Friday:			
Saturday:			
Sunday/National Holiday:			
Construction Activity Allowed:			
If a complaint is received during these additional construction hours, this approval is automatically revoked and all construction shall immediately cease.			
Chief Build	ding Official		Date