



**Building and Safety Division/Permit Application Center**  
City Hall / 555 Liberty St. SE / Room 320 / Salem, OR 97301-3513  
503-588-6256 \* [baspac@cityofsalem.net](mailto:baspac@cityofsalem.net)

(For office use only) Date received:
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If you need the following translated in Spanish, please call 503-588-6256.  
Si usted necesita lo siguiente traducido en español, por favor llame 503-588-6256.

**Off-hours inspections, if approved, are not available on Sundays or holidays.**  
**Requests are granted only if staff and resources are available.**  
**Public Works inspections are scheduled by the Public Works Division.**

This application must be submitted at least 2 days prior to the requested inspection date.

**Work site location and information**

Street address of work site	
Project description	
Permit #	

**People information**

	Name	Full Mailing Address	Phone Number and Email address
<b>Applicant</b> (person receiving correspondence)			
<b>Contact</b> (person at the inspection site)			

**Project information**

Requested inspection type, date and time	
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**Fees**

The fees for off-hours inspections are **in addition** to the standard permit fees. A third-party provider may be employed to meet the requested timelines. If approved, inspection fees must be paid prior to scheduled off-hours inspection date.

- Building & Safety (charged at \$150/hr, **2-hr minimum**)
- Planning (charged at \$212/hr)
- Fire (charged at \$150/hr, **2-hr minimum**)
- Third-party service provider (actual cost)

**Acknowledgments**

**Electronic signature certification:** By attaching an electronic signature (whether typed, graphical or free form) I certify herein that I have read, understood and confirm all the statements listed above and throughout the application form. I agree (initials): \_\_\_\_\_

**Payment agreement:** By signing below, I acknowledge that I understand and agree I will be charged the rates indicated in this agreement including any costs related to hiring outside professional services and any staff overtime. I understand these charges are in addition to the standard fees. I understand and agree that no "special relationship is created between the permit applicant and the City of Salem, as defined by Oregon law. I further understand and agree that the City of Salem assumes no liability in any way connected with the processing, approval, or provision of the Expedited Plan Review requested.

**Authorized Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**City of Salem Request response (for office use; completed after request submission)**

<b>Staff responding to request</b>		
<b>Date of response to request</b>		
<b>Request response</b>	Unable to grant request because:	
	Request approved with following fee estimate:	
	Building & Safety inspection estimated fee:	
	Planning inspection estimated fee:	
	Fire inspection estimated fee:	
	Total estimated fee:	

**To submit:**  
Save the file to your computer and email to [baspac@cityofsalem.net](mailto:baspac@cityofsalem.net).