



**CITY OF NEWPORT BEACH**  
**COMMUNITY DEVELOPMENT DEPARTMENT**  
**BUILDING DIVISION**

100 Civic Center Drive | P.O. Box 1768 | Newport Beach, CA 92658-8915  
[www.newportbeachca.gov](http://www.newportbeachca.gov) | (949) 644-3200

**SPECIAL EVENT INSPECTION REQUEST**  
**For a Special Event Permit**

**FEES:**

**\$188.00** per hour - *during regular inspection business hours*

**\$223.00** per hour - *outside regular inspection business hours*

**NOTE:** *This request form must be submitted to the Building Division for approval one week prior to event.*

**Date:** \_\_\_\_\_ **Special Event Name:** \_\_\_\_\_

**Special Event Permit #:** \_\_\_\_\_

**Inspection Address:** \_\_\_\_\_

**Item(s) to be inspected:** \_\_\_\_\_

**Requested Inspection Date:** \_\_\_\_\_ **Requested Time:** \_\_\_\_\_

**Purpose of Inspection:** \_\_\_\_\_

I, the undersigned, coordinator of the special event permit, for the event located at the above address do hereby request that the Building Division inspect the items indicated above, and listed within the special event permit, to determine if there are any code violations therein.

It is my understanding that I will be responsible for correcting any violations noted before the general public may enter the event.

**Name:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_

*(For Office Use Only)*

**Inspection Authorized by:** \_\_\_\_\_

**Assigned to Inspector:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Inspector's Report:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Action to be Taken:** \_\_\_\_\_

**Inspector Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_