

## **CITY OF NEWPORT BEACH**

## COMMUNITY DEVELOPMENT DEPARTMENT BUILDING DIVISION

100 Civic Center Drive | P.O. Box 1768 | Newport Beach, CA 92658-8915 <u>www.newportbeachca.gov</u> | (949) 644-3200

## SPECIAL EVENT INSPECTION REQUEST For a Special Event Permit

## **FEES**

\$220.00 per hour - during regular inspection business hours \$259.00 per hour - outside regular inspection business hours (2-hour minimum)

Date:	_ Special Event Name:
	Special Event Permit #:
Inspection Address:	
Item(s) to be inspected:	
Requested Inspection Date:	Requested Time:
Purpose of Inspection:	
address do hereby request the	of the special event permit, for the event located at the above t the Building Division inspect the items indicated above, and rmit, to determine if there are any code violations therein.
It is my understanding that I vigeneral public may enter the evi	Il be responsible for correcting any violations noted before the ent.
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: