



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

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.

(For office use only) Date received:

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
Contact (person receiving correspondence)			

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)

Staff responding to request		
Date of response to request		
Request response	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:	

Not using Internet Explorer (IE 11)?
 Save the file to your computer and email to baspac@cityofsalem.net.