



**CITY OF SHOW LOW  
200 W. COOLEY  
SHOW LOW, AZ 85901  
(928)532-4050**

**SPECIAL -INSPECTION APPLICATION**

**Building Permit #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

I understand that due to the Uniform Building Code Section 108.8, I am required to pay a reinspection fee of \$60.00 before the project listed above can be inspected again.

\_\_\_\_\_  
Name of Agent/Owner (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Note: Not performed during our regular working hours.*

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