

San Francisco Fire Department

Division of Fire Prevention & Investigation



To: **Fire Marshal, San Francisco Fire Department**
Subject: **Service and Overtime Request Agreement**

PHONE: (628) 652-3260
EMAIL: firebfpwdo@sfgov.org

I hereby request the services of the San Francisco Fire Department and agree to the following terms: 2019 San Francisco Fire Code Sections : 103.4 - Liability; 1.1.2.1 - Promotion of General Welfare; 104.1 - General; 107.1 - Inspection Authority (**FIVE DAY ADVANCE NOTICE REQUESTED**); 105.1.1 - Permits Required; Table 106.A – Operational Permit Fee; 106.2 – Operational Permit Filing Fees; 102.9 Matters Not Provided For; 3107.17 Standby Personnel; 106.10 – Overtime Fee (**PAYMENT SHALL BE IN ADVANCE**); 103.4.1 – Legal Defense. The San Francisco Fire Department will make every effort to comply in good faith with this contract but shall be free from liability for acts performed under any of its provisions or by reason of any act or omission in the performance of official duties in connection therewith

Please Print the Following Information

Contact Person: _____

_____	_____	_____	_____
Last Name	First Name	Title	Business Phone
_____			_____
Business Name			Fax Phone
_____		_____	_____
Business Address		Suite	Job Phone
_____	_____	_____	_____
City	State	Zip Code	Email

CANCELLATION OF REQUEST MUST BE MADE A MINIMUM OF 24 HOURS IN ADVANCE. IF LESS THAN 24 HOURS, A 4-HOUR MINIMUM FEE (\$572.00) MAY BE FORFEITED. GENERALLY, BEFORE AND AFTER HOURS OVERTIME CAN BE SCHEDULED NO LATER THAN 6:00 A.M. AND NO EARLIER THAN 6:00 P.M. (EXCEPT ON WEEKENDS AND HOLIDAYS).

_____	_____	_____
Day	Event Date	Event Address
_____	_____	_____
Start Time (USE MILITARY TIME) End Time	# of Hours (Hourly Rate: \$143.00)	DBI Permit / Application Number(s)
Check one: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	(Minimum: 4 hours or \$572.00)	

Signature: _____ **Date:** _____

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FIRE DEPARTMENT USE ONLY

Check one:	_____	_____
<input type="checkbox"/> L/S <input type="checkbox"/> P/A <input type="checkbox"/> Plan Check <input type="checkbox"/> Street Fair <input type="checkbox"/> Pyro	Check / CC Ref. Number	Received by / Date
<input type="checkbox"/> City Paid (OT)	_____	_____
<input type="checkbox"/> Other _____	SFFD Receipt Number	Amount Paid

ASSIGNED PERSONNEL:

1. _____	2. _____	HRMS: _____
3. _____	4. _____	Time Roll: _____
		Date: _____

First Advertised Date: _____ AM _____ PM _____ First Notified Date: _____ AM _____ PM _____