

San Francisco Fire Department

Division of Fire Prevention
& Investigation



To: Fire Marshal, San Francisco Fire Department

Subject: Overtime Request Agreement Form

49 So. Van Ness Ave. Suite 560
San Francisco, CA 94103
PHONE: (628) 652-3260

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 (**FIVE DAY ADVANCE NOTICE REQUESTED**); 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. **This agreement form is a request only and the SFFD cannot guarantee the availability of department personnel to work all overtime requests. If we are unable to staff your request, you will be notified at least 24-hours in advance.**

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 (\$616.00) 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: \$154.00)

DBI Permit / Application Number(s)

Check one: ☐ a.m. ☐ p.m.

(Minimum: 4 hours or \$616.00)

Signature: _____

Date: _____

..... FIRE DEPARTMENT USE ONLY

Check one:

- ☐ L/S ☐ P/A ☐ Plan Check ☐ Street Fair ☐ Pyro
☐ City Paid (OT)
☐ Other _____

Check / CC Ref. Number

Received by / Date

SFFD Receipt Number

Amount Paid

ASSIGNED PERSONNEL:

1. _____ 2. _____
3. _____ 4. _____

HRMS: _____
Time Roll: _____
Date: _____

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