

## SAN FRANCISCO FIRE DEPARTMENT

**Division of Fire Prevention & Investigation** 

## PLAN CHECK WDO CONTRACT

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

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; 106.1 – Inspection Authority (**FIVE DAY ADVANCE NOTICE REQUESTED**); 105.1.1 - Permits Required; 105.3.4 - Conditional Permits; 113.21 - Permit Filing Fees; 102.9- Matters Not Provided For; 113.10 – 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 and Write Legibly**

Contact:				
LAST Name	e <b>FIRST</b> Name		CELL / BUSINESS Number (Circle One)	
BUSINESS Name				EMAIL (required)
<b>BUSINESS</b> Address	S	Suite No.		FAX Number
СІТУ	STATE	ZIP CODE	Other Phone	
Building or Project A	DBIPermit/ApplicationNumber(s)			
HOUR MINMUM FEE (\$616.00) MAY NO EARLIER THAN 6:00PM (WEEKEN Signature:	DS AND HOLIDAYS EXCI	EPTED).		NO LATER THAN 6:00AM ANI
FOR FIRE DEPARTMEN				
OVERTIME RATE: \$154.00 per hour (4 hours minimum or \$616.00) Checks (payable to "SFFD") or credit cards accepted.				Time Roll:
				Date:
Day Plan Check Start Date Star			me	No. of Hours (Hourly Rate: \$154.00) (Minimum: 4 hrs/\$616.00)
Assigned SFFD Personnel:		Da	ate Assigned:	
ABOUT THE PAYMENT: OF	FICER APPROVAL:			DATE:
Check Number/Last 4 of Credit Card	Date Received by Plan Ch	eck	Date Forwarded to HQ	
SFFD Receipt Number	Processed by and Date		Amount Paid	