



**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: 2022 San Francisco Fire Code Sections 104.7 - Liability; 108.1 – Inspection Authority (**FIVE DAY ADVANCE NOTICE REQUESTED**); 105.1.1 - Permits Required; 105.3.4 - Conditional Permits; 107.2 - Permit Filing Fees; 102.9- Matters Not Provided For; 107.10 – Overtime Fee (**PAYMENT SHALL BE IN ADVANCE**); 104.7.1 – 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	FIRST Name	CELL / BUSINESS Number (Circle One)
_____		_____
BUSINESS Name		EMAIL (required)
_____		_____
BUSINESS Address	Suite No.	FAX Number
_____		_____
CITY	STATE	ZIP CODE
_____		_____
Building or Project Address		DBI Permit/Application Number(s)

**CANCELLATION OF REQUEST MUST BE MADE A MINIMUM OF 24 HOURS IN ADVANCE. IF LESS THAN 24 HOURS, THE 4-HOUR MINIMUM FEE (\$640.00) MAY BE FORFEITED. AFTER HOURS OVERTIME BEGINS NO LATER THAN 6:00AM AND NO EARLIER THAN 6:00PM (WEEKENDS AND HOLIDAYS EXCEPTED).**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**FOR FIRE DEPARTMENT USE ONLY**

**OVERTIME RATE: \$160.00 per hour (4 hours minimum or \$640.00) Checks (payable to "SFFD") or credit cards accepted.**

HMRS: _____
Time Roll: _____
Date: _____

_____	_____	_____	_____
Day	Plan Check Start Date	Start and End Time	No. of Hours (Hourly Rate: \$160.00) (Minimum: 4 hrs/\$640.00)

Assigned SFFD Personnel: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

**ABOUT THE PAYMENT: OFFICER APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_**

Check Number/Last 4 of Credit Card	Date Received by Plan Check	Date Forwarded to HQ
SFFD Receipt Number	Processed by and Date	Amount Paid