

# San Francisco Fire Department

Division of Fire Prevention & Investigation



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

**PHONE: (415) 558-3300**  
**FAX: (415) 558-3323**

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	Other Phone

**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 FORFETED. 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:  a.m.  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. _____	Oracle: _____
3. _____	4. _____	Time Roll: _____
		Date: _____

First Advertised Date: \_\_\_\_\_  AM \_\_\_\_\_  PM \_\_\_\_\_ First Notified Date: \_\_\_\_\_  AM \_\_\_\_\_  PM \_\_\_\_\_