

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 FIRST Name | | CELL / BUSINESS Number (Circle One) | |
| BUSINESS Name | | | | EMAIL (required) |
| BUSINESS 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 | |