



**SAN FRANCISCO FIRE DEPARTMENT**  
Division of Fire Prevention & Investigation

**AUTHORIZATION FOR ADDITIONAL HOURS**  
**PLAN CHECK WDO CONTRACT**

**To: Fire Marshal, San Francisco Fire Department**  
**Subject: Authorization for Additional Hours for Overtime Review**

I hereby authorize the San Francisco Fire Department to exceed the minimum (4) hours for expedited review of the submitted plans described below. The review shall not exceed an additional \_\_\_\_\_ hours. Attached is credit card payment or check made out to the "San Francisco Fire Department" for \$\_\_\_\_\_, based on the current overtime fee of \$160.00/hour.

**THIS FORM IS NOT VALID UNLESS APPROVED BY A CAPTAIN BEFORE BEING PRESENTED TO THE CLIENT AND BEFORE ADDITIONAL HOURS ARE WORKED.**

\_\_\_\_\_  
CAPTAIN, SFFD PLAN CHECK (DATE)

**PLEASE PRINT AND WRITE LEGIBLY**

Contact: _____		_____
Last Name	First Name	Business Phone/Cell Number (Circle One)
_____		_____
Business Name	align="center">Email or Fax Number	
_____		_____
Business Address	align="center">Job Site Phone	
_____		_____
City	State	Zip Code
_____		_____
Building or Project Address	align="center">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. CHECKS (PAYABLE TO SFFD) OR CREDIT CARDS ACCEPTED.**

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

**FOR FIRE DEPARTMENT USE ONLY**

**OVERTIME RATE: \$160.00 per hour**

PeopleSoft: _____
Time Roll: _____
Date: _____

_____	_____	_____	_____
Day	Plan Check Start Date	Start and End Time	No. of Hours (Hourly Rate \$160.00)

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

**ABOUT THE PAYMENT:**

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
_____	_____	_____