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 $168.00/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 **Email or Fax Number**

_____ _____
Business Address **Job Site Phone**

_____ _____
City **State** **Zip Code** **Other Phone**

_____ _____
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 ($672.00) MAY BE FORFEITED. CHECKS (PAYABLE TO SFFD) OR CREDIT CARDS ACCEPTED.

Signature: _____ Date: _____

FOR FIRE DEPARTMENT USE ONLY

OVERTIME RATE: $164.00 per hour

PeopleSoft: _____
Time Roll: _____
Date: _____

_____	_____	_____	_____
Day	Plan Check Start Date	Start and End Time	No. of Hours (Hourly Rate $168.00)

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

Telephone (628) 652-3472
Fax (628) 652-3476

SFFD - Plan Review, Suite 560
49 South Van Ness Avenue
San Francisco, CA 94103

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