



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 \$164.00/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 (\$656.00) 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 \$164.00)

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

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49 South Van Ness Avenue
San Francisco, CA 94103

Rev. Sept. 1, 2025