

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: 2022 San Francisco Fire Code Sections 104.7 - Liability; 1.1.2.1 - 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); 104.7.1 - 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		FIRST Name	CELL / BUSINESS Number	(Circle One)	
BUSINESS Name			EMAIL (require	ed)	
BUSINESS Address		Suite No.	FAX Number	FAX Number	
CITY	STATE	ZIP CODE	Other Phone		
Building or Project Address			DBIPermit/Application Number(s)		
CANCELLATION OF REQUEST MU 4-HOUR MINMUM FEE (\$656.00) M AND NO EARLIER THAN 6:00 PM (W	AY BE FORFEITED. AF	TER HOURS OVERT			
Signature:			Date:		
FOR FIRE DEPARTME	NT USE ONLY		HMRS:		
OVERTIME RATE: \$164.00 per hour (4 hours minimum or \$656.00) Checks (payable to "SFFD") or credit cards accepted.			Time Roll:		
			Date:		
				1 D (0164 00)	
Day Plan Check S	Start Date	Start and End Ti		ourly Rate: \$164.00) 4 hrs/\$656.00)	
Assigned SFFD Personnel:		Da	ate Assigned:		
ABOUT THE PAYMENT: O	FFICER APPROVAL:		DATE	:	
Check Number/Last 4 of Credit Card	Date Received by Plan (Check	Date Forwarded to HQ		
SFFD Receipt Number	Processed by and Date	Processed by and Date Amount Paid			

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