



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: 2016 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	FIRST Name	CELL / BUSINESS Number (Circle One)
BUSINESS Name		EMAIL (required)
BUSINESS Address	Suite No.	FAX Number
CITY	STATE	ZIP CODE
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 (\$544.00) MAY BE FORFEITED. AFTER HOURS OVERTIME BEGINS NO LATER THAN 6:00AM AND NO EARLIER THAN 6:00PM (WEEKENDS AND HOLIDAYS EXCEPTED).

Signature: _____ **Date:** _____

FOR FIRE DEPARTMENT USE ONLY

OVERTIME RATE: \$136.00 per hour (4 hours minimum or \$544.00) Checks (payable to SFFD) or credit cards accepted.

HMRS: _____
Time Roll: _____
Date: _____

Day	Plan Check Start Date	-	Start and End Time	No. of Hours (Hourly Rate: \$136.00) (Minimum: 4 hrs/\$544.00)
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Assigned SFFD Personnel: _____ Date Assigned: _____

ABOUT THE PAYMENT: OFFICER 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	Amount Paid