



FIRE DEPARTMENT SANTA CLARA COUNTY

Expedited Plan Review or Overtime Inspection Request Form

Instructions:				<input type="checkbox"/> Plan Review Request		<input type="checkbox"/> Inspection Request		
Expedited Plan Review / Overtime Inspection Request Forms can be submitted in person at 16795 Lark Ave. Suite 200, Los Gatos, CA or by emailing to cfmo@sccfd.org . Payment of fees associated with this request can be made at the appropriate office (see below). Cash, check or credit card authorizations are acceptable forms of payment.								
Overtime Fee Rate (per hour) and Office Locations:								
Incorporated: District cities/towns: \$112 16795 Lark Ave, Suite 200 Los Gatos, CA 95032 (408) 341-4420				Unincorporated: County Fire Marshal Office: \$215 70 W. Hedding Street, (East Wing – 7 th Floor) San Jose, CA 95110 (408) 299-5700				
OVERTIME INSPECTION INFORMATION								
Overtime Date Requested:		Requested Time:		Fire Plan Check Number (e.g. 17-1234 or 17-123):				
Permit Type (Fire Alarm, Fire Sprinkler, etc.):			Estimated Hours (Min. 1 hr.):		24 hour Battery Test: <input type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT INFORMATION								
Project/Facility Name:								
Project/Facility Address (Numbers, Street, Suite/Unit and City/Town):								
Name of Job-site Contact (Inspection only):				Cell Number (Job-site contact):				
PERMIT HOLDER INFORMATION								
Permittee (Contractor):								
Address (Numbers, Street, Suite/Unit and City/Town):								
Email Address:								
Primary Contact:				Phone Number:				
By signing I acknowledge the following:								
<ul style="list-style-type: none"> ➤ NOTE: Overtime is done on a voluntary basis. If accepted, there is a minimum 1 hour fee. Not all requests will be fulfilled. ➤ Plan Review & Inspections - You will be notified within 2 business days with the status of your request. ➤ Plan Review - We will notify you when completed. Permits/comments will not be released until all fees have been paid. ➤ Inspections - If selected, we will notify you of fee amounts (travel time will apply). All fees shall be paid prior to the inspection. 								
Print Name:				Signature:				
FIRE PREVENTION STAFF USE ONLY								
Date Rcvd:		Processed by:		Date Assigned:		Time Assigned:		
Payment Received: <input type="checkbox"/> Yes <input type="checkbox"/> No Taken by (Initials):				Date Pymt. Rcvd.:				
Assigned to:				Completion Date:				
INSPECTOR/PLAN REVIEWER USE ONLY								
Date:		Inspector / Reviewer Name:			Total Hours:		Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	