

## FIRE DEPARTMENT SANTA CLARA COUNTY

(408)341-4420 <u>www.sccfd.org</u>

## EXPEDITED PLAN REVIEW OR OVERTIME INSPECTION REQUEST FORM

	☐ Plan Review Request ☐ 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 (CFMO – for unincorporated) or prevention@sccfd.org (FP). 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:						
District cities/towns: \$120 / Campbell: \$233 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 <sup>th</sup> Floor) San Jose, CA 95110 (408) 299-5700		
PERMIT HOLDER INFORMATION						
Permittee (Contractor)	:					
Address:						
Email Address:						
Primary Contact:			Phone Number:			
PROJECT INFORMATION						
Project/Facility Name:						
Project/Facility Address (Numbers, Street, Suite/Unit and City/Town):						
OVERTIME INSPECTION INFORMATION						
Overtime Date Requested: Requested Time: Fire Plan Check Number (e.g. 17-1234 or 17-123):						
Inspection Type (Fire Alarm, Fire Sprin		kler, etc.):	Estimated Hours (Min. 1 hr.):		24 hour Battery Test:	
ACKNOWI FDO				PEMENT	Yes No	
ACKNOWLEDGEMENT  Presigning Lealmorphotos the following:						
By signing I acknowledge the following:						
NOTE: Overtime is done on a voluntary basis. If accepted, there is a minimum 1-hour fee. Not all requests						
will be fulfilled. <b>Plan Review &amp; Inspections</b> -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						
Plan Due Date:	Assigned To:					
Total Hours:	Amount Due:					
Approved:  □ Yes "No						

Holiday Overtime rate for District cities and towns: \$150