



SANTA CLARA COUNTY FIRE DEPARTMENT

1315 Dell Avenue, Campbell, CA 95008 | (408) 378-4010 | SCCFD.org

OVERTIME INSPECTION & PLAN REVIEW REQUEST FORM

Plan Review Request

Inspection Request

Overtime inspection requests for projects in both incorporated cities/towns and for unincorporated areas, forms can be turned in at: 1315 Dell Avenue, Campbell OR emailed to prevention@sccfd.org. For expedited plan review requests in unincorporated areas, please email cfmo@sccfd.org. Exact cash, check, or credit card payments are acceptable.

Overtime Fee Rate (per hour) and Office Locations:

District cities/towns:

1315 Dell Avenue
Campbell, CA 95008 / (408) 341-4420
Inspections: \$120 Hourly (Campbell: \$245 Hourly)
Holiday Overtime \$150 (not including Campbell)

Unincorporated (County Fire Marshal Office):

70 W. Hedding Street (East Wing: 7th Floor)
San Jose, CA 95110 / (408) 299-5700
Inspection Outside of Normal Hours: \$888 Minimum
Plan Review: \$296 Hourly

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):

Project Building Permit #:

Reason for Expedited Plan Review/Overtime Request:

OVERTIME INSPECTION INFORMATION

Fire Plan Check Number (e.g., 22-1234 or 251234)

Inspection Type (Fire Alarm, Fire Sprinkler, etc.):

Estimated Hours:

24-hour Battery Test:

Yes No

ACKNOWLEDGEMENT

By signing I acknowledge the following:

NOTE: Overtime is accepted by the inspectors on a voluntary basis. Acceptance is not guaranteed. A minimum 1-hour fee will be charged for District Cities, Towns, and Campbell (except outside normal business hours). Note: A minimum 3-hour fee will be charged for the Unincorporated County. Not all requests will be fulfilled.

Plan Review -We will notify you when completed. Permits/comments will not be released until all fees have been paid.

Print Name:

Signature:

FIRE PREVENTION STAFF USE ONLY

Plan Due Date:

Assigned To:

Total Hours:

Amount Due:

Inspection – Scheduled Date/Time: