



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
<p>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.</p>		
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: 7 th 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:		
<p>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.</p> <p>Plan Review -We will notify you when completed. Permits/comments will not be released until all fees have been paid.</p>		
Print Name:	Signature:	
FIRE PREVENTION STAFF USE ONLY		
Plan Due Date:	Assigned To:	
Total Hours:	Amount Due:	
Inspection – Scheduled Date/Time:		