

SANTA CLARA COUNTY FIRE DEPARTMENT 1315 Dell Avenue, Campbell, CA 95008 | (408) 378-4010 | SCCFD.org

## **OVERTIME INSPECTION & PLAN REVIEW REQUEST FORM**

Plan Revie		iew Request Inspection Re		quest
Expedited Plan Review/Overtime Inspection Request Forms can be submitted in person at 1315 Dell Avenue, Campbell, CA 95008 or by emailing to prevention@sccfd.org (FP) OR email to cfmo@sccfd.org (for unincorporated). 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: \$245 Unincorporated: County Fire Marshal Office: \$215   1315 Dell Avenue (408) 299-5700   Los Gatos, CA 95032 (408) 341-4420   Holiday Overtime rate for District cities and towns: \$150 (not including Campbell)				
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				
Fire Plan Check Number (e.g., 22-1234)				
Inspection Type (Fire Alarm, Fire Sprinkler, etc.):		Estimat	ed Hours (Min. 1 hr.):	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. 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				