

FIRE DEPARTMENT SANTA CLARA COUNTY

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

EXPEDITED PLAN REVIEW OR OVERTIME INSPECTION REQUEST FORM

		☐ Pla	n Review Request		nspection 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 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: \$233 16795 Lark Ave, Suite 200 Los Gatos, CA 95032 (408) 341-4420					
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.): Es		Estima	Estimated Hours (Min. 1 hr.):		24-hour Battery Test:
				\square Yes \square 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:					

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