



**2018-2019**

**Overtime Plan Review/Inspection Request Form**

<b>Instructions:</b>				
<p><b>Payments can be submitted in person at 1675 Lincoln Street, Santa Clara, by calling (408) 615-4970, or fax (408) 241-3006.</b> The \$666.00 fee for overtime plan review or overtime inspection shall be submitted along with this application. Cash, check, or credit card are acceptable forms of payment.</p>				
Request for: (please check one below):			Today's Date: _____	
<input type="checkbox"/> <b>Overtime Inspection</b> <input type="checkbox"/> <b>Overtime Plan Review</b> (usually completed within 10 business days upon assignment to staff)				
<b>PROJECT INFORMATION:</b>				
Date Requested (inspections only):		Time Requested (inspections only):		Fire Permit Number:
Permit Type (Fire Alarm, Fire Sprinkler, TCO, etc.):		Project/Facility Name:		
Street Address:			Suite or Unit Number:	
Name of Job-site Contact (inspections only):			Cell Phone # (job-site contact):	
<b>RESPONSIBLE PARTY INFORMATION:</b>				
Company Name:		Office Phone Number:		Fax Number:
Primary Contact:		Cell #:	Email:	
Street Address:		City:		State:      Zip:
Print Name:			Signature:	
<p><b>By signing I acknowledges the following:</b></p> <ul style="list-style-type: none"> <li>• <b>Plan Review and Inspection</b> – The 3-hour time period, includes permit processing, drive-time, mark-up of plans, and the writing of the correction notices (as applicable).</li> <li>• <b>Plan Review and Inspections</b> – Events taking longer than 3-hours will be charged at a rate of \$148.00 per/hour.</li> <li>• <b>Plan Review and Inspection Cancellations</b> – Once scheduled, a cancellation fee of \$148.00 will be assessed.</li> <li>• <b>Failure to Cancel Inspection</b> – Failure to cancel an inspection will result in a re-inspection fee of \$359.00 (w/o refund).</li> <li>• <b>If you schedule an OVERTIME inspection</b> meant to take the place of a previously scheduled <b>REGULAR</b> inspection and fail to cancel said <b>REGULAR</b> inspection within 2 business days of its scheduled time, you will be subject to penalty fees.</li> </ul>				
<b>OFFICE USE ONLY:</b>				
Date Processed:	Processed By:	Date Assigned:	Time Assigned:	
Payment Received: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card #:			Date Received:	
Assigned To:		Confirmed Date:	Confirmed Time:	
<b>INSPECTOR/PLAN REVIEWER USE ONLY:</b>				
Date:	Inspector/Reviewer Name:	Additional Time to be Billed (> 3-hours): <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Hours to be Billed: