



## ELECTRICAL OVERTIME REQUEST

All fields marked in **RED** must be filled.

Incomplete applications will not be accepted and inspection request will be denied.

**JOB ADDRESS:** \_\_\_\_\_ **BLOCK:** \_\_\_\_\_ **LOT:** \_\_\_\_\_

**PERMIT NO(S) – EID:** \_\_\_\_\_

**OWNER/CONTRACTOR:** \_\_\_\_\_ **PHONE NO:** \_\_\_\_\_

**EMAIL (Write Clearly):** \_\_\_\_\_

Service Requested	Minimum			Total Number of Hours	Total Fee
	Hrs	At	Min fee		
Electrical Off-Hour Inspections	2	\$477.00	\$954.00		

Electrical off-hour requests with **less than a two-business-day lead time** requires Senior approval. Additional inspection hours, including travel time, will be charged unless other arrangements are made in advance. Fees must be paid in advance.

<b>Date of requested inspection:</b> _____	<b>Time of requested inspection:</b> _____
<b>Contact person:</b> _____	<b>Phone:</b> _____
<b>Reason for request:</b> _____	
<b>Floor/area of inspection:</b> _____	
Chief/Senior approval: _____	

### **SIGNATURE (REQUIRED)**

By signing below, I certify the information provided is accurate.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### FOR OFFICE USE ONLY

**RECEIPT NUMBER:** \_\_\_\_\_ **DATE OF RECEIPT:** \_\_\_\_\_ **RECEIVED BY:** \_\_\_\_\_

### INSPECTION SERVICES

49 South Van Ness Avenue, Suite 400 – San Francisco CA 94103  
(628) 652-3400 – sfdbi.org