



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 (Each additional hour \$272.72)	2	\$181.82	\$363.64		

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.

Date of requested inspection: _____ **Time of requested inspection:** _____

Contact person: _____ **Phone:** _____

Reason for request: _____

Floor/area of inspection: _____

Chief/Senior approval: _____

NOTE: We accept payments from owner or affiliated agent(s) shown on DBI record. 3rd parties must provide an authorization letter and legal governmental photo ID. Checks must be written to “CCSF – DBI” or “City & County of San Francisco – Department of Building Inspection”

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:** _____