



# Fire Prevention

Phone: (951) 826-5737

Fax: (951) 826-2539

## REQUEST FOR AFTER HOURS SERVICE

### General information about the after hours service program

The Fire Marshal reserves the right to approve or deny the request for after hours service based on the availability of staff resources. After hours services should be requested as early as possible in order to allow sufficient time to determine the availability of staff to provide the service requested. Requests may be denied due to the lack of available staff at the time or date requested. The staff member assigned to provide after hours service may not be the same staff member who provides the service during normal business hours. If the time or date of the request for service is not contiguous to the regular work hours of the staff member, then a 2-hour minimum will be charged. The after hours service hourly rate charge for the service is 2.5 times the top step salary of the employee. Travel time will be included in the time charged to the project. Expedited plan review services performed under this program include only the fire prevention portion of the plan review and do not include expedited plan review by any of the other Departments that may be involved in the overall plan review process.

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Today's Date: \_\_\_\_\_ Project Information Plan Check # \_\_\_\_\_

Project Name: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Address of Project: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Check Type of Service Requested:

First Plan Review \_\_\_\_\_ Resubmitted Plan Review \_\_\_\_\_ **Field Inspection** \_\_\_\_\_ Other \_\_\_\_\_

Requested by:  
Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

(For field inspections only) Requested Date and Time of After Hours Service: Date: \_\_\_\_\_ Time: \_\_\_\_\_

### THE SECTION BELOW IS TO BE COMPLETED BY FIRE DEPARTMENT STAFF ONLY

Authorizing Signature: \_\_\_\_\_ Assigned Staff Member: \_\_\_\_\_

Anticipated date service to be provided: \_\_\_\_\_ Permit # \_\_\_\_\_

### AFTER HOURS SERVICE WORK RECORD (to be completed by the staff member performing the after hours service):

Staff Member Signature: \_\_\_\_\_ Date(s): \_\_\_\_\_

Start Time(s): \_\_\_\_\_ End Time(s): \_\_\_\_\_

Total Time Worked (Inspector's to include travel time): \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

Description of work performed: \_\_\_\_\_

### ACCOUNTING (to be input by the staff member performing the after hours service):

\_\_\_\_\_ After Hours Service Fees and Notices Input into Computronix Database

Date Applicant Contacted: \_\_\_\_\_

Please return form to the Fire Marshal when completed