



## LIVERMORE-PLEASANTON FIRE DEPARTMENT

3560 Nevada Street, Pleasanton, CA 94566  
(925) 454-2361 FAX (925) 454-2367

### INSPECTION OVERTIME REQUEST & AUTHORIZATION

**CONTRACTOR:**

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone/FAX: \_\_\_\_\_

**PROJECT/EVENT:**

Project Name: \_\_\_\_\_ Plan/Permit #: \_\_\_\_\_

Project Address: \_\_\_\_\_ Event Name: \_\_\_\_\_

Type of Inspection Requested: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Requested Time: \_\_\_\_\_

**CONDITIONS OF FIRE INSPECTOR OVERTIME PAYMENT:**

Fire Prevention Personnel requested to work outside their normal work shift is on a voluntary basis. All required work can be accommodated during normal work hours. A request for work outside the normal work shift will be compensated at the minimum rate of two (2) hours. This request must be received a minimum of five (5) working days in advance and **is subject to availability of Fire Prevention Personnel.** This request is for work outside of the normal work shift and therefore will be offered following the Livermore-Pleasanton Fire Department overtime fill rules and General Orders. **No guarantee is given as to personnel filling request. Minimum inspection fee for City of Pleasanton \$621.00. Minimum inspection fee for City of Livermore \$840.00 payable to "Livermore-Pleasanton Fire Department."** **Payment must be received prior to completion of inspection.**

Accept this as my request and agreement to pay all costs incurred for the inspection, which is being conducted on overtime by representative(s) of the Livermore-Pleasanton Fire Department. I have read and understand the conditions of Fire Prevention overtime.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or fax the completed form to the Fire Prevention Bureau.

### **FOR FIRE DEPARTMENT USE ONLY**

#### **Fire Prevention Bureau Office Overtime Authorization Sheet**

Approving Supervisor: \_\_\_\_\_ Confirmed with: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Inspector Assigned: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Lead/Additional Personnel: \_\_\_\_\_ Inspector's Phone Number Given:

REMARKS: \_\_\_\_\_

**Date worked** \_\_\_\_\_

Name: \_\_\_\_\_ Time Worked \_\_\_\_\_ To \_\_\_\_\_ Hours: \_\_\_\_\_  2 HOUR MINIMUM

Name: \_\_\_\_\_ Time Worked \_\_\_\_\_ To \_\_\_\_\_ Hours: \_\_\_\_\_  2 HOUR MINIMUM

TOTAL HOURS: \_\_\_\_\_

AMOUNT DUE: \$ \_\_\_\_\_