

Building Division: 408-615-2440
Email: Building@santaclaraca.gov

<u>Permit Center</u>: 408-615-2420 Email: PermitCenter@santaclaraca.gov

Automated Inspection Scheduling System: 408-615-2400

REQUEST FOR OVERTIME PLAN REVIEW

| Project addre | ess:Today | 's date: | PERMIT # BL | |
|---|--|---|---|--|
| Select desire | ed trade(s) for OT review: Building | Electrical | Mechanical Plumbing | |
| Commercial pr | oject must be limited to Fire, Building, E | lectrical, Med | chanical, and Plumbing review only. | |
| To request an e | xpedited review from the Fire Department, | refer to the fol | lowing link: Fire OT Plan Review link | |
| • | an review procedure is intended to expedite rom the date fees were paid, for overtime p | • | | |
| | uests will not be considered for projects | | <u>ner departmental plan reviews</u> . | |
| > | The review must be done after normal wo | ew must be done after normal working nours. I is contingent upon the availability of a plans examiner. | | |
| > > | • | hall be authorized and signed by the Building Official or authorized designee at | | |
| | he bottom of this form. | | | |
| The project n | nust meet the following conditions prior | to an approv | al of overtime plan review: | |
| > | A permit number shall be assigned - application | n must be comp | pleted and the plan check fees must be | |
| | paid. Complete project documents (architectural, structural and civil drawings as applicable, structural | | | |
| > | calculations, duly signed and stamped, and si | | | |
| department rev | rstand that this overtime plan review applies of views that may be required. at the overtime plan review process only provide the project must still comply with all other. | es plan review | comments earlier than the assigned plan | |
| | | | | |
| Signature of A | Applicant: | | Date: | |
| Print Applican | nt Name: | | | |
| Title of Applicant/Name of Company:Phon | | | Phone: | |
| To be comp | leted by Building Division Office: | | | |
| Authorized | by: | Date: | | |
| Assigned P | lans Examiner(s): | Estimate | d Fee: \$ | |
| Fee Due: \$ | | Fee Paid | : \$ | |
| For Payroll U | Jse: Plans Examiner initials- | Notes: | | |
| Date plan ch | eck done: | | | |

150

Payroll code:

Hours worked:

350

155

355

_a.m/p.m. to_____a.m./p.m.

Paid stamp here