

How to Request for a Plumbing Overtime Inspection

- Complete and email Online Plumbing Overtime Request form to dbi.pidovertime@sfgov.org
- Same day inspection requests must be submitted no later than 2pm for the day of request
- 2 hour minimum for Plumbing Off-Hour inspections and subject to a 4 hour minimum if request is for weekends, holidays or before 6:00AM or after 6:00PM start times.
- All Plumbing overtime requests are subject to approval.
- Once approved, you will be provided an invoice by email with payment instructions.
- Fees must be paid prior to inspection.

Department of Building Inspection – Inspection Services
49 South Van Ness Ave, Suite 400 – San Francisco, CA 94103
Office (628) 652-3400 - www.sfdbi.org



ONLINE PLUMBING OVERTIME REQUEST

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

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

Email completed form to dbi.pidovertime@sfgov.org for approval.

JOB ADDRESS: _____ **BLOCK:** _____ **LOT:** _____

PERMIT NO(S) – PID: _____

OWNER/CONTRACTOR: _____ **PHONE NO:** _____

EMAIL (Write Clearly): _____

Service Requested	Minimum			Total Number of Hours	Total Fee
	Hrs	At	Min fee		
Off-Hour Inspections PID: Each additional hour \$158.10 NOTE: Weekends, holidays and requests for before 6AM or after 6PM start time are subject to a 4-hour minimum charge.	2	\$158.10	\$316.20		

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

Contact person: _____ **Phone:** _____

Reason for request: _____

Floor/area of inspection: _____

Chief/Senior approval: _____

Off-Hour inspections require Chief Inspector approval with a two-day lead time. Same day inspections may be offered at the sole discretion of the Chief/Senior Inspector(s). **Same day inspection requests must be submitted no later than 2pm for the day of request.** Additional inspection hours, including travel time, will be charged unless other arrangements are made in advance. Fees must be paid in advance.

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:** _____

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