

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.
- Overtime inspections are performed either before 7:00AM or after 4:00PM.
- A fee of 2 hours minimum is required for Plumbing Off-Hour inspections
 - For start times before 5:30 a.m., minimum charge is 3 hours
 - For start times before 4:30 a.m., minimum charge is 4 hours
 - For start times after 6:00 p.m., minimum charge is 4 hours
 - For weekends and holidays, minimum charge is 4 hours
- 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.



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 Off-Hour Inspections time: Before 5:30AM, minimum 3 hours Before 4:30 AM, minimum 4 hours After 6:00PM, minimum 4 hours NOTE: Weekends and holidays requests for subject to a 4-hour minimum charge.	2	\$300.00	\$600.00		

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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INSPECTION SERVICES
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