



City of San Antonio
 Fire Prevention Division
 1901 S. Alamo St.
 San Antonio, TX 78204

Telephone (210) 207-8410
 Fax (210) 207-7949
www.sanantonio.gov/safd



After Hours Request Form

Permit # _____

Job Site: _____
 (Project Name)

Project Address: _____
 (Physical Address) (City) (State) (Bldg. # / Suite #) (Zip Code)

COSA (Contractor) I.D. : _____

Company/Organization Name: _____
 (Name of Contractor requesting overtime)

Company Address: _____
 (Physical Address) (City) (State) (Bldg. # / Suite #) (Zip Code)

Office Number: _____ Fax: _____

Additional Number(s): _____

DUE TO THE ADVANCED STATUS OF CONSTRUCTION OF THE ABOVE REFERENCED PROJECT, WE WOULD LIKE TO REQUEST AFTER HOURS FOR:

- | | | | |
|---------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Hydro | <input type="checkbox"/> Inspection | <input type="checkbox"/> Test | <input type="checkbox"/> Visual |
| <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Sprinkler | <input type="checkbox"/> U/G/Hydrant | <input type="checkbox"/> Fixed Pipe |
| <input type="checkbox"/> Storage Tank | <input type="checkbox"/> Gas. Sup. | <input type="checkbox"/> Fire Final | |

*Total number of alarm devices/sprinkler heads to be inspected/tested: _____

Note: Inspectors after hours starts at **5:30 p.m., Mon. - Fri.** and **5:00 a.m.** for a morning request. Weekend requests possible with approval of the Fire Marshal. Contact the Fire Prevention Office at (210) 207-8410 after 3:00 p.m. to verify approval of after hour requests.

Date of Inspection: _____ Time: _____ AM PM Total Hours: _____

On-Site Contact Name: _____ Contact Number: _____

We understand that after hours charges will be at the rate of \$82.40 per hour (**minimum of 2 hours**).
 (Payment is to be made payable to the City of San Antonio).

Payment Type

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Please deduct overtime fee(s) from my escrow account. | |
| <input type="checkbox"/> Credit Card | Contact Name: _____ Phone: _____ |
| <input type="checkbox"/> On-line | Contact Name: _____ Phone: _____ |

Signature: _____ Print Name: _____ Date: _____

FOR OFFICE USE ONLY

Total Hours:	Amount Charged :
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