



**SANTA MONICA FIRE DEPARTMENT
FIRE PREVENTION DIVISION**

333 Olympic Drive, 2nd Floor
Santa Monica, CA 90401
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**OFF-HOURS
INSPECTION OR
EXPEDITED
PLAN REVIEW**

Office Use Only	Fee Status:	Paid / Unpaid
	Received Date:	
	Approved By:	
	Assigned To:	

Date Submitted: _____

REQUEST FORM

To request an “Off-hours” Inspection or “Expedited Plan Review” service, complete this form and pay the \$883.16 service fee. You will be invoiced once this form is received. **Provide all necessary information to allow prompt processing of this request.**

PERMIT # _____

Service Request For: Inspection Plan Review

Requested Date (Mandatory): **Requested Time (Mandatory):**

Morning inspections/tests must be completed by 6:45 AM. Evening inspections/tests must begin after 4:30 PM.

Please note that a confirmation must be received from inspector.

PROJECT INFORMATION	CONTRACTOR INFORMATION
Address:	DBA:
Floor, Suite or Room:	Address:
# of Devices/Heads:	Contact Name:
Technician Name:	Telephone:
Technician Telephone:	Email:
Work Description:	

ACKNOWLEDGEMENT AND SIGNATURE

I, _____ request that the Santa Monica Fire Department, Fire Prevention Division, authorize an “Off- hours Inspection” or Expedited Plan Review Service for the project identified above. This request is made because of extenuating circumstances that have been experienced, which are no fault of the City of Santa Monica. These circumstances prohibit such inspection or plan review from taking place during normal duty hours. I understand that this request is subject to the availability of qualified fire prevention staff. Participation by fire prevention staff is voluntary. I also understand that a Special Inspection fee of **\$883.16** (per inspector), established by the Santa Monica City Council, must be paid at the time this request is submitted.

Signature: _____

Date: _____