



**FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION
FIRE ALARM INSPECTION UNIT**
9 METROTECH CENTER, BROOKLYN, N.Y. 11201-3857
TELEPHONE: (718) 999-2467 FAX: (718) 999-2892



OVERTIME INSPECTION REQUEST FORM

DOB APPL. No.; L/D No.; VO No.: _____
(INDICATE ALL APPLICATION, LETTERS OF DEFECT or VO'S TO BE INSPECTED)

BUSINESS NAME: _____
(PROJECT NAME)

PREMISES ADDRESS: _____
(ADDRESS) (CITY) (STATE) (BLDG. # / SUITE #) (ZIP CODE)

CONTRACTOR LIC. No. : _____

COMPANY/ORGANIZATION NAME: _____
(NAME OF COMPANY REQUESTING OVERTIME)

COMPANY ADDRESS: _____
(ADDRESS) (CITY) (STATE) (BLDG. # / SUITE #) (ZIP CODE)

OFFICE TELEPHONE NO: _____ FAX: _____ E-MAIL: _____

ADDITIONAL TELEPHONE NUMBER(S): _____
(PROJECT MANAGER, ETC.)

OVERTIME IS REQUESTED BECAUSE OF:

- ADVANCED STATUS OF CONSTRUCTION OF THE ABOVE REFERENCED PROJECT NATURE OF BUSINESS

INSPECTION TYPE:

- INITIAL INSPECTION REINSPECTION FINAL INSPECTION

SYSTEM TYPE:

- FIRE ALARM SYSTEM SPRINKLER MONITORING SYSTEM FIRE SUPPRESSION SYSTEM OTHER

DATE(S) REQUESTED: _____ START TIME: _____ AM PM

ON-SITE CONTACT NAME: _____ CONTACT NUMBER: _____

We understand that after hours charges will be at the additional rate of \$105.10 per hour.

Signature: _____ **Print Name:** _____ **Date:** _____

The "Overtime Inspections Program (OTI)" is a premium service. The Department will charge a premium fee of \$315 an hour for inspections performed on the overtime basis.

Overtime Inspections Program:

1. After-Hours Inspections (AFTER 4:30P.M., **MONDAY – FRIDAY**) - overtime billing starts from **4:30 P.M.**
2. Early-Morning Inspections (BEFORE 5A.M., **MONDAY – FRIDAY**) - overtime billing starts from **5:00 A.M**
3. Weekend Inspections (**SATURDAY, SUNDAY**) – Overtime billing starts from **8:00 A.M. (9:00A.M.)**
4. Overnight Inspections (AFTER 9P.M.) – Overtime billing starts from **4:30 P.M.**
5. Contact the Scheduling Supervisor at (718) 999-2467 or Booking Clerk at (718) 999-1505 after 2:00 P.M. to verify approval of overtime request.

OFFICE USE ONLY

INSPECTOR: _____

DATE: _____ **START TIME:** _____ **REF. DOCUMENT No:** _____

SCHEDULING SUPERVISOR _____ **DATE** _____