Fire Prevention

Phone: (951) 826-5737
Fax: (951) 826-2539

REQUEST FOR PREMIUM SERVICE

General information about the premium service program

The Fire Marshal reserves the right to approve or deny the request for premium service based on the availability of staff resources. Premium services should be requested as early as possible in order to allow sufficient time to determine the availability of staff to provide the service requested. Requests may be denied due to the lack of available staff at the time or date requested. The staff member assigned to provide premium services may not be the same staff member who provides the service during normal business hours. If the time or date of the request for service is not contiguous to the regular work hours of the staff member, then a 2-hour minimum will be charged. The premium service hourly rate charge for the service is 2.5 times the top step salary of the employee. Travel time will be included in the time charged to the project. Expedited plan review services performed under this program include ***only*** the fire prevention portion of the plan review and ***do not*** include expedited plan review by any of the other Departments that may be involved in the overall plan review process.

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Today's Date:_____ **Project Information** **Permit #_____**

Project Name:_____

Contractor Name:_____ Address of Project:_____

Contact Person:_____ Phone Number:_____

Check Type of Service Requested:

First Plan Review_____ Resubmitted Plan Review_____ Field Inspection_____ Other_____

Requested by:
Print Name:_____Signature:_____

Billing address:_____ Phone:_____ Fax:_____

(For field inspections only) Requested *Date and Time* of Premium Service: Date:_____Time:_____

THE SECTION BELOW IS TO BE COMPLETED BY FIRE DEPARTMENT STAFF ONLY

Authorizing Signature:_____Assigned Staff Member:_____

Anticipated date service to be provided:_____

PREMIUM SERVICE WORK RECORD (to be completed by the staff member performing the premium service):

Staff Member Signature:_____Date(s):_____

Start Time(s):_____ End Time(s):_____

Total Time Worked (Inspector's to include travel time): _____Hours_____Minutes_____

Description of work performed:_____

ACCOUNTING (to be inputted by the staff member performing the premium service):

_____Premium Service Fees and Notices Input into Accella Database
Date Applicant Contacted:_____