



LOS ANGELES FIRE DEPARTMENT
FIRE PREVENTION BUREAU
AUTHORIZATION FOR FIRE INSPECTORS
FIRE DEVELOPMENT SERVICES - DIRECT PREPAYMENT

OFF-HOURS INSPECTION REQUEST

Date	Transaction ID #
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TO: LAFD Accounting Services Section
 200 N. Main Street, Room 1620, Los Angeles 90012
Business Hours: Monday to Friday (except Holidays), 7:30AM to 3:00PM
Tele. No.: (213) 978-3463 or 482-9502 FAX # (213) 978-3414 or 3413

E-mail: lafd.arfds@lacity.org
 Make check payable to: City of Los Angeles

FROM: _____
 (Name of the person processing this request)

Payment Method
 Advanced Deposit Amount: _____

Tele. No. : _____

Authorized by: _____ **Date:** _____

Office Address: _____

Job Address: _____

Requested Inspection Date: _____ **Time:** _____ Prepayment

Please provide an LAFD Fire Inspector for an Off-Hour Inspection. My building, or facility, or project does not allow testing during normal business hours. The below listed person agrees to prepay \$790 for the first two hours of inspection and additional fee for each additional hour or any portion thereof. I further agree to be billed or pay through the credit card on file any underpayment based on actual costs. I understand that a claimant has one year from the date of service to request a refund of overpayment.

Billing Information

Company Name: _____
Contact Name: _____ **Title:** _____
Address: _____
Phone No.: (_____) **Fax No.:** (_____) **Email address:** _____
Print Name: _____ **Authorized Signature:** _____

FOR FIRE PREVENTION BUREAU USE ONLY:

Print Name of Captain receiving request: _____ **Print name of Inspector:** _____

Signature of Captain or acting Captain: _____ **Signature of Inspector:** _____

The following inspection was conducted:

- 1. Life Safety Acceptance Test
- 2. Tenant Improvement Life Safety Test
- 3. Fire Pump Acceptance Test
- 4. Stairwell Pressurization Acceptance Test
- 5. Mechanical Smoke Control Acceptance Test
- 6. Pressure Reducing Valve Acceptance Test
- 7. Emergency Power & Lighting Acceptance Test
- 8. Special Extinguishing System Acceptance Test
- 9. Regulation # 4 Acceptance Test
- 10. Elevator Acceptance Test
- 11. Other

From: _____ **to** _____
 (Date/time) (Date/Time)

Total Base Rate Hours: _____
 EXCEEDS 2 HOURS? YES ___ NO ___
 If yes, please fill-in back page

Division/Unit #: _____

Description	Costs		
	Rate	No. of Hours	Total
Off- Hour fee		2	\$790.00
other			
other			
Total estimated costs			

Total Off-Hours: _____

EID#: _____

Inspector #: _____

Approved by: _____

For Accounting Use only

Prepayment received on: _____
 Cash _____ Check _____ Credit card _____
 Customer account cleared for prepayment _____ (initial and date)
 Customer provided stamped "PAID " prepayment form _____ (initial and date)
 Stamped "PAID" form fax to Captain Green at (213)482-6922 _____ (initial and date)

Email of Fire Dev Services: lafdss@lacity.org

ACTUAL COSTS			
Description	Rate	No. of Hours	Total
Off-hour fees		2	\$790.00
add'l above 2 hrs base rate	\$ 199.00		
add'l above 4 hr off-hrs	\$ 98.00		
other			
Total Actual Costs			

Department Revenue Code:
 2225 - Advanced Deposit
388602- Off Hours Inspection

Under / (Over) Payment	
RE No. _____	For billing
Date Invoiced _____	
RF No. _____	For refund
Date Refunded _____	

For cancellation refund, please refer to
 Fire Development Services policy.



LOS ANGELES FIRE DEPARTMENT
FIRE DEVELOPMENT SERVICES REGULAR HOURS INSPECTION BILLING FORM

Rev Source Code
389202

INSTRUCTIONS - PLEASE PRINT LEGIBLY

Please complete all fields prior to start of LAFD inspections, any missing field will **delay inspection**. The following fields shall be completely filled by contractor, owner or representative:

- Customer Billing Information
- Customer Job Contact Information
- Customer Acknowledgment for payment

CUSTOMER BILLING INFORMATION

Transaction ID # :

Company Name or Customer Name:

Phone:

()

Street Address:

City:

State:

Zip:

CUSTOMER JOB CONTACT INFORMATION

Name/Contact:

Phone:

Email:

()

Project Site Address:

Suite/Floor No.

Requested Inspection:

Date:

Time:

CUSTOMER ACKNOWLEDGEMENT

By signing below, I acknowledge that I was in the presence of the Los Angeles Fire Department (LAFD) inspection for the Total Billable Hours specified below. **I AM ALSO AWARE THAT ALL FEES MUST BE PAID PRIOR TO LAFD SIGNATURE ON THE FINAL BUILDING CARD.**

Print Name:

Title:

Signature:

Date:

FOR LAFD USE ONLY

Please check one:

Total Billable Hours:

Initial Inspection: _____

Reinspection: _____

BILLING TIME LOG (For LAFD use only)

Inspector's No: _____ Inspector's Name: _____

Transaction ID: _____ Building Address: _____

Please check the type of inspections done, write the date, time, total hours and total number of billable hours. Please submit every Wednesday or earlier.

Description of Inspection (Note: AT means Acceptance Test)	Date	Start Time	End Time	Total Hours
<input type="checkbox"/> Initial Inspection -First 2 hours visit (includes travel time,etc)				
<input type="checkbox"/> Not Ready, <input type="checkbox"/> Job meeting, <input type="checkbox"/> Job walk, <input type="checkbox"/> Pressure Reducing Valve Acceptance Test, <input type="checkbox"/> Fire Pump AT, <input type="checkbox"/> Special Extinguishing System AT, <input type="checkbox"/> Emergency generator & Lighting AT, <input type="checkbox"/> Fire Alarm Test, <input type="checkbox"/> Elevator AT, <input type="checkbox"/> Life Safety AT, <input type="checkbox"/> Mechanical Smoke Control AT, <input type="checkbox"/> Stairwell Pressurization AT, <input type="checkbox"/> Tenant Improvement Life Safety Test, <input type="checkbox"/> Signage COMMENTS:				
<input type="checkbox"/> Not Ready, <input type="checkbox"/> Job meeting, <input type="checkbox"/> Job walk, <input type="checkbox"/> Pressure Reducing Valve Acceptance Test, <input type="checkbox"/> Fire Pump AT, <input type="checkbox"/> Special Extinguishing System AT, <input type="checkbox"/> Emergency generator & Lighting AT, <input type="checkbox"/> Fire Alarm Test, <input type="checkbox"/> Elevator AT, <input type="checkbox"/> Life Safety AT, <input type="checkbox"/> Mechanical Smoke Control AT, <input type="checkbox"/> Stairwell Pressurization AT, <input type="checkbox"/> Tenant Improvement Life Safety Test, <input type="checkbox"/> Signage COMMENTS:				
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Total number of billable hours				

Additional Comments:

Updated Fees Effective **October 3, 2016**

1. Fire Life Safety Plan Review Fee from \$534 to **\$597** or **.111%** of the project valuation, whichever is higher.
2. **Expedite** fees for Plan Check from \$368 to **\$392**, additional **\$98** per hour after 4 hours or a fraction thereof.
3. Additional Inspection & Re-Inspection Fee from \$178 to **\$199** per hour or a fraction thereof.
4. **Off-Hours Inspection Fees** from \$724 to **\$790**, additional hourly fees range from **\$199 to \$297** per hour or a fraction thereof.