



**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: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The "Overtime Inspections Program (OTI)" is a premium service. The Department will charge an additional fee 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** \_\_\_\_\_