

PERMIT CONTROL		ACTIVE COMPLAINTS													
		<input type="checkbox"/> NONE <input type="checkbox"/> HID <input type="checkbox"/> CED / PCD <input type="checkbox"/> BID <input type="checkbox"/> DCP <input type="checkbox"/> OTHER:													
STATION	H I D	C E C D	P C D	B I D	D C P	BBI PC CHECK ONE					F I R E	B S M	H E A L T H	E D U C A T I O N	P C B
						CNT-PC	PAD-PC	PAD-MAJ	SSS	PARAPET					
SEQ															
ACCEPTED															
APPROVED*															
DATE															
CHECK APPLICABLE: <input type="checkbox"/> PARALLEL <input type="checkbox"/> SITE PENALTY <input type="checkbox"/> 9X <input type="checkbox"/> 2X												BBI KEY:			
<input type="checkbox"/> TITLE 24 - HC <input type="checkbox"/> TIDF <input type="checkbox"/> EXPEDITOR <input type="checkbox"/> SFUSD <input type="checkbox"/> BLDG ENLARGEMENT (STAMP APPL)												RESID. = CNT-PC			
<input type="checkbox"/> HAZARDOUS MATERIAL												NON-RESID. = PAD-PC			
COMMENT: _____												NEW / MAJOR = PAD-MAJ			
												UMB = SSS			

**CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF BUILDING INSPECTION  
APPLICATION FOR PERMIT TO:**

- GRADE    QUARRY  
 FILL    EXCAVATE

APPLICATION IS HEREBY MADE FOR PERMISSION TO PERFORM THE ABOVE IN ACCORDANCE WITH THE PLANS AND SPECIFICATIONS SUBMITTED HERewith AND FOR THE PURPOSE SET FORTH HEREIN:

STREET ADDRESS OF JOB

\_\_\_\_\_ SIDE \_\_\_\_\_ ST. AVE.

\_\_\_\_\_ FT. \_\_\_\_\_ FROM \_\_\_\_\_ ST. AVE.

NEAREST CROSS STREET

DATE FILED \_\_\_\_\_ FILING FEE RECEIPT NO. \_\_\_\_\_

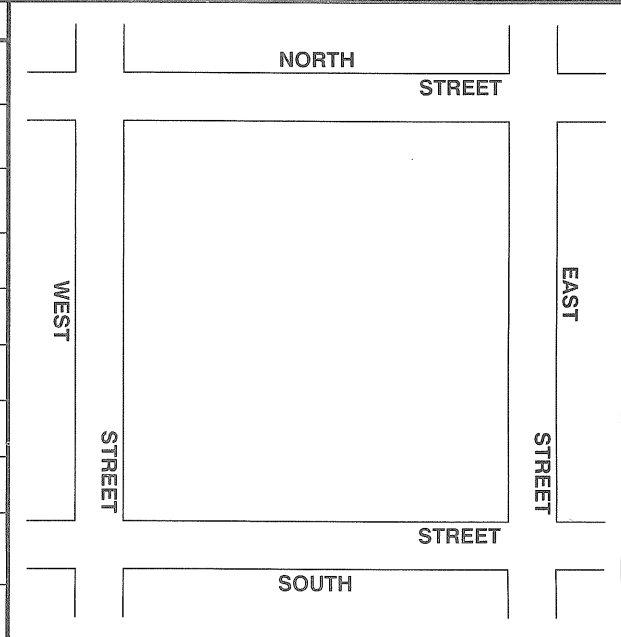
PERMIT NO. \_\_\_\_\_ ISSUED \_\_\_\_\_ ASSESSOR'S BLOCK & LOT NO. \_\_\_\_\_ ESTIMATED COST \$ \_\_\_\_\_

APPLICATION NUMBER

OSHA APPROVAL REQ'D  
APPROVAL NUMBER:

**WORK DESCRIPTION**

SIZE OF LOT:	MINIMUM DEPTH OF CUT:	MINIMUM DEPTH OF FILL:	AMT. OF MATERIALS
SQ. FT.	FT.	FT.	CY
DOES THIS AFFECT ADJOINING PROPERTY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
WHERE UNDERPINNING OF ADJACENT PROPERTY IS NECESSARY, COMPLETE ENGINEERING DETAILS MUST BE APPROVED BY THE DEPARTMENT OF BUILDING INSPECTION BEFORE EXCAVATION BEGINS.			
GENERAL CONTRACTOR		ADDRESS	
CALIF. LIC. NO.	EXPIRATION DATE	PHONE	
CIVIL ENGINEER		ADDRESS	
CALIF. CERTIFICATE NO.	PHONE		
OWNER'S NAME		ADDRESS	
DL C: G H: B 6-A	PHONE		
CONSTRUCTION LENDER (ENTER NAME AND BRANCH DESIGNATION IF ANY. IF THERE IS NO KNOWN CONSTR. LENDER, ENTER "UNKNOWN")		ADDRESS	



WRITE IN DESCRIPTION OF ALL WORK TO BE PERFORMED UNDER THIS APPLICATION (REFERENCE TO PLANS IS NOT SUFFICIENT)

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**IMPORTANT NOTICES**

No portion of building or structure or scaffolding used during construction, to be closer than 6'0" to any wire containing more than 750 volts. See Sec. 385, California Penal Code.

Pursuant to the San Francisco Building Code, the grading permit shall be posted on the job. The owner is responsible for approved plans and application being kept on site.

Grade lines as shown on drawings accompanying this application are assumed to be correct. If actual grade lines are not the same as shown revised drawings showing correct grade lines, cuts and fills together with complete details of retaining walls and wall footings required must be submitted to this department for approval.

ANY STIPULATION REQUIRED HEREIN OR BY CODE MAY BE APPEALED.

**THIS IS NOT A GRADING PERMIT. NO WORK SHALL BE STARTED UNTIL A GRADING PERMIT IS ISSUED.**

**CHECK APPROPRIATE BOX**

- OWNER    ARCHITECT    ENGINEER  
 LESSEE    AGENT WITH POWER OF ATTORNEY  
 CONTRACTOR    ATTORNEY IN FACT

**APPLICANT'S CERTIFICATION**

I HEREBY CERTIFY AND AGREE THAT IF A PERMIT IS ISSUED FOR THE CONSTRUCTION DESCRIBED IN THIS APPLICATION, ALL THE PROVISIONS OF THE PERMIT AND ALL LAWS AND ORDINANCES THERETO WILL BE COMPLIED WITH.

**NOTICE TO APPLICANT**

**HOLD HARMLESS CLAUSE:** The permittee(s) by acceptance of the permit, agree(s) to indemnify and hold harmless the City and County of San Francisco from and against any and all claims, demands and actions for damages resulting from operations under this permit, regardless of negligence of the City and County of San Francisco, and to assume the defense of the City and County of San Francisco against all such claims, demands or actions.

In conformity with the provisions of Section 3800 of the Labor Code of the State of California, the applicant shall have coverage under (I), or (II) designated below or shall indicate item (III), or (IV), or (V), whichever is applicable. If however item (V) is checked item (IV) must be checked as well. Mark the appropriate method of compliance below:

I hereby affirm under penalty of perjury one of the following declarations:

- ( ) I. I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
- ( ) II. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:
- Carrier \_\_\_\_\_
- Policy Number \_\_\_\_\_
- ( ) III. The cost of the work to be done is \$100 or less.
- ( ) IV. I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California. I further acknowledge that I understand that in the event that I should become subject to the workers' compensation provisions of the Labor Code of California and fail to comply forthwith with the provisions of Section 3800 of the Labor Code, that the permit herein applied for shall be deemed revoked.
- ( ) V. I certify as the owner (or the agent for the owner) that in the performance of the work for which this permit is issued, I will employ a contractor who complies with the workers' compensation laws of California and who, prior to the commencement of any work, will file a completed copy of this form with the Central Permit Bureau.

Signature of Applicant or Agent

Date

# CONDITIONS AND STIPULATIONS

REFER TO:	APPROVED: Zone _____ C.P.C. Setback _____  _____ DEPARTMENT OF CITY PLANNING	DATE: _____ REASON: _____  NOTIFIED MR. _____ DATE: _____ REASON: _____
<input type="checkbox"/>	APPROVED:     _____ BUREAU OF FIRE PREVENTION & PUBLIC SAFETY	NOTIFIED MR. _____ DATE: _____ REASON: _____  NOTIFIED MR. _____ DATE: _____ REASON: _____
<input type="checkbox"/>	APPROVED:     _____ PLAN CHECKER, DEPT. OF BUILDING INSPECTION	DATE: _____ REASON: _____  NOTIFIED MR. _____ DATE: _____ REASON: _____
<input type="checkbox"/>	APPROVED:     _____ CIVIL ENGINEER, DEPT. OF BLDG. INSPECTION	DATE: _____ REASON: _____  NOTIFIED MR. _____ DATE: _____ REASON: _____
<input type="checkbox"/>	APPROVED:     _____ DIRECTOR OF PUBLIC HEALTH	NOTIFIED MR. _____ DATE: _____ REASON: _____  NOTIFIED MR. _____ DATE: _____ REASON: _____
<input type="checkbox"/>	APPROVED:     _____ BUREAU OF ENGINEERING	NOTIFIED MR. _____ DATE: _____ REASON: _____  NOTIFIED MR. _____ DATE: _____ REASON: _____
<input type="checkbox"/>	APPROVED:     _____ ART COMMISSION	DATE: _____ REASON: _____  NOTIFIED MR. _____ DATE: _____ REASON: _____
<input type="checkbox"/>	APPROVED:     _____	DATE: _____ REASON: _____  NOTIFIED MR. _____ DATE: _____ REASON: _____

 HOLD SECTION  NOTE DATES AND NAMES OF ALL PERSONS NOTIFIED DURING PROCESSING

I agree to comply with all conditions or stipulations of the various bureaus or departments noted on this application, and attached statements of conditions or stipulations, which are hereby made a part of this application.

 Number of attachments 

 \_\_\_\_\_  
 OWNER'S AUTHORIZED AGENT