



**APPLICATION / PERMIT TO INSTALL
PLUMBING WORKSHEET**
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF BUILDING INSPECTION

New DATE : _____
 Amendment
 Contractor
 Renewal

Homeowner Permits are approved at Inspection Services, PID 4th Floor (628) 652-3450

JOB ADDRESS:		UNIT #	BLOCK/LOT	BLDG. USE
<input type="checkbox"/> NEW <input type="checkbox"/> ALT	# STORIES	OWNER OF BLDG.		PHONE:
ADDRESS:			EMAIL:	
I hereby affirm that I am licensed under provisions of Chapter 9 (Commencing with Sec. 7000) of Division 3 of the Business and Professions code, and my license is in full force and effect.				
PRINT CONTRACTOR NAME & SIGNATURE		DATE	CLASS	LICENSE #
COMPANY NAME				BTRC LICENSE
ADDRESS				PHONE
CITY		STATE	ZIP	FOR OFFICE USE ONLY

*** NOT VALID FOR PERMIT IF ANY EMPLOYEE DESCENDS INTO EXCAVATION DEEPER THAN 5'**

SINGLE RESIDENTIAL UNIT FEE (Category 1P)..... \$ _____
 (Water service, sewer replacement, boiler removal, shower pan installation, single bathroom or kitchen remodel)

PLUMBING INSTALLATION FEE: (Category 2PA, 3PA-B-C) WITHOUT UNDERGROUND WORK - NUMBER OF UNITS _____
 (Residential) (Category 2PB, 3PA-B-C) WITH UNDERGROUND WORK - NUMBER OF UNITS _____ \$ _____

FIRE SPRINKLER FEE (FAMILY DWELLING 1-2 UNITS) (Category 4A) \$ _____

FIRE SPRINKLER FEE (3 or more UNITS and commercial) (Category 4B) NO. OF FLRS _____ @ \$ _____ EA = \$ _____

OFFICE, MERCANTILE & RETAIL BUILDING FEE (Category 5P):... NO. OF TENANTS/FLRS _____ @ \$ _____ EA = \$ _____

RESTAURANT FEE (NEW AND REMODEL) (Category 6P) NUMBER OF OUTLETS: _____ \$ _____
 (Drainage and or gas outlets - no additional fees required for public or private restroom)

NEW BOILER INSTALLATION FEE (Category 8P) NUMBER OF BOILERS: _____ @ \$ _____ EA = \$ _____
 (A plumbing permit for category 1P is required for this installation)

SURVEY FEE (Category 9P): \$ _____

MISCELLANEOUS FEE (Category 11P): \$ _____

NUMBER OF ADDITIONAL INSPECTIONS REQUIRED:..... @ \$ _____ EA = \$ _____

NUMBER OF PLAN REVIEW HOURS:..... @ \$ _____ EA = \$ _____

NUMBER OF ADMIN HOURS REQUIRED:..... @ \$ _____ EA = \$ _____

COST OF THE JOB:..... \$ _____ TOTAL PERMIT FEE: \$ _____

DESCRIPTION OF WORK COVERED BY THIS PERMIT: _____

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 the Applicant or Agent _____ Date _____

PLEASE MAKE CHECK PAYABLE TO: DEPARTMENT OF BUILDING INSPECTION, 49 SOUTH VAN NESS AVE, SAN FRANCISCO, CA 94103. We accept payments from owner or affiliated agent(s) shown on DBI record. 3rd parties must provide authorization letter and ID.