

**Sample scenario:
Permit for voluntary removal of awning/sign**

APPROVED FOR ISSUANCE

Bldg. FORM 3/8

APPLICATION NUMBER

APPROVAL NUMBER

APPLICATION FOR BUILDING PERMIT ADDITIONS, ALTERATIONS OR REPAIRS		CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF BUILDING INSPECTION	
FORM 3 <input type="checkbox"/> OTHER AGENCIES REVIEW REQUIRED FORM 8 <input checked="" type="checkbox"/> OVER-THE-COUNTER ISSUANCE		APPLICATION IS HEREBY MADE TO THE DEPARTMENT OF BUILDING INSPECTION OF SAN FRANCISCO FOR PERMISSION TO BUILD IN ACCORDANCE WITH THE PLANS AND SPECIFICATIONS SUBMITTED HERewith AND ACCORDING TO THE DESCRIPTION AND FOR THE PURPOSE HEREINAFTER SET FORTH.	
NUMBER OF PLAN SETS ▼ DO NOT WRITE ABOVE THIS LINE ▼			
DATE FILED <i>Date you submit permit</i>	FILED FEE RECEIPT NO.	(1) STREET ADDRESS OF JOB 1234 Diamond Street	BLOCK & LOT 1234 / 056
RECEIPT NO.	ISSUED	(2A) ESTIMATED COST OF JOB \$1.00	(2B) REVISED COST: BY: DATE:

Check "Form 8"

You can find this information at the SF Planning Department Property Information Map (PIM) website:
<https://sfplanninggis.org/pim/>

INFORMATION TO BE FURNISHED BY ALL APPLICANTS					
LEGAL DESCRIPTION OF EXISTING BUILDING					
(4A) TYPE OF CONSTR. VB	(5A) NO. OF STORIES OF OCCUPANCY: 2	(6A) NO. OF BASEMENTS AND CELLARS: 0	(7A) PRESENT USE: Retail / Health services	(8A) OCCUP. CLASS B, R-3	(9A) NO. OF DWELLING UNITS: 4
DESCRIPTION OF BUILDING AFTER PROPOSED ALTERATION					
(4) TYPE OF CONSTR. VB	(5) NO. OF STORIES OF OCCUPANCY: 2	(6) NO. OF BASEMENTS AND CELLARS: 0	(7) PROPOSED USE (LEGAL USE) Retail / Health services	(8) OCCUP. CLASS B, R-3	(9) NO. OF DWELLING UNITS: 4
(10) IS AUTO RUNWAY TO BE CONSTRUCTED OR ALTERED? NO	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(11) WILL STREET SPACE BE USED DURING CONSTRUCTION? NO	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(12) ELECTRICAL WORK TO BE PERFORMED? NO	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
(13) PLUMBING WORK TO BE PERFORMED? NO	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
(14) CONTRACTOR Leave blank	ADDRESS	ZIP	PHONE	CALIF. LIC. NO.	EXPIRATION DATE
(15) OWNER - LESSEE (CROSS OUT ONE) San Francisco Boutique	ADDRESS 1234 Diamond Street, SF CA 94123	ZIP	BTRC#	PHONE (FOR CONTACT BY DEPT.) 415-123-4567	
(16) WRITE IN DESCRIPTION OF ALL WORK TO BE PERFORMED UNDER THIS APPLICATION (REFERENCE TO PLANS IS NOT SUFFICIENT)					
Removal of awning to comply with Awning Amnesty Program.			(16) Insert your Notice of Violation (NOV) complaint number if you have one.		
Abate NOV complaint #: 202312345			Make sure to reference the Awning Amnesty Program.		
ADDITIONAL INFORMATION					
(17) DOES THIS ALTERATION CREATE ADDITIONAL HEIGHT OR STORY TO BUILDING? NO	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(18) IF (17) IS YES, STATE NEW HEIGHT AT CENTER LINE OF FRONT	(19) DOES THIS ALTERATION CREATE DECK OR HORIZ. EXTENSION TO BUILDING? NO	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(20) IF (19) IS YES, STATE NEW GROUND FLOOR AREA SQ. FT.
(21) WILL SIDEWALK OVER SUB-SIDEWALK SPACE BE REPAIRED OR ALTERED? NO	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(22) WILL BUILDING EXTEND BEYOND PROPERTY LINE? NO	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(23) ANY OTHER EXISTING BLDG. ON LOT? (IF YES, SHOW ON PLOT PLAN) NO	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
(24) DOES THIS ALTERATION CONSTITUTE A CHANGE OF OCCUPANCY? NO	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
(25) ARCHITECT OR ENGINEER (DESIGN <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> ADDRESS					CALIF. CERTIFICATE NO.
(26) CONSTRUCTION LENDER (ENTER NAME AND BRANCH DESIGNATION IF ANY. IF THERE IS NO KNOWN CONSTRUCTION LENDER, ENTER "UNKNOWN")			ADDRESS		

(7A), (8A) and (9A): You can find this information at the SF Planning Department Property Information Map (PIM) website:
<https://sfplanninggis.org/pim/>

Under the "Building Permits" section, click on the permit number of the last "complete" permit for your property address.

Response for (7A) should match (7); (8A) should match (8), and (9A) should match (9).

(15) Cross out "Owner" if you are the business owner applying. Cross out "Lessee" if you are the property owner applying.

IMPORTANT NOTICES	NOTICE TO APPLICANT
<p>No change shall be made in the character of the occupancy or use without first obtaining a Building Permit authorizing such change. See San Francisco Building Code and San Francisco Housing Code.</p> <p>No portion of building or structure or scaffolding used during construction is to be closer than 6'0" to any wire containing more than 750 volts. See Sec 385, California Penal Code.</p> <p>Pursuant to San Francisco Building Code, the building permit shall be posted on the job. The owner is responsible for approved plans and application being kept at building site.</p> <p>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, and complete details of retaining walls and wall footings must be submitted to this department for approval.</p> <p>ANY STIPULATION REQUIRED HEREIN OR BY CODE MAY BE APPEALED.</p> <p>BUILDING NOT TO BE OCCUPIED UNTIL CERTIFICATE OF FINAL COMPLETION IS POSTED ON THE BUILDING OR PERMIT OF OCCUPANCY GRANTED, WHEN REQUIRED.</p> <p>APPROVAL OF THIS APPLICATION DOES NOT CONSTITUTE AN APPROVAL FOR THE ELECTRICAL WIRING OR PLUMBING INSTALLATIONS. A SEPARATE PERMIT FOR THE WIRING AND PLUMBING MUST BE OBTAINED. SEPARATE PERMITS ARE REQUIRED IF ANSWER IS "YES" TO ANY OF ABOVE QUESTIONS (10) (11) (12) (13) (22) OR (24).</p> <p>THIS IS NOT A BUILDING PERMIT. NO WORK SHALL BE STARTED UNTIL A BUILDING PERMIT IS ISSUED.</p> <p>In dwellings, all insulating materials must have a clearance of not less than two inches from all electrical wires or equipment.</p>	<p>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.</p> <p>In conformity with the provisions of Section 3800 of the Labor Code of the State of California, the applicant shall have worker's compensation coverage under (I) or (II) designated below, or shall indicate item (II), (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.</p> <p>I hereby affirm under penalty of perjury one of the following declarations:</p> <p>() I. I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.</p> <p>() II. I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:</p> <p>Carrier Policy Number</p> <p>() III. The cost of the work to be done is \$100 or less.</p> <p>() 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 worker's compensation laws of California. I further acknowledge that I understand that in the event that I should become subject to the worker's compensation provisions of the Labor Code of California and fail to comply therewith with the provisions of Section 3800 of the Labor Code, that the permit herein applied for shall be deemed revoked.</p> <p>() 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 worker's 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.</p>
<p>CHECK APPROPRIATE BOX</p> <p><input type="checkbox"/> OWNER <input type="checkbox"/> ARCHITECT <input type="checkbox"/> LESSEE <input type="checkbox"/> AGENT <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> ENGINEER</p>	<p style="text-align: center;">Signature of Applicant or Agent Date</p>
<p>APPLICANT'S CERTIFICATION</p> <p>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 THERE TO WILL BE COMPLIED WITH.</p>	

Initial all declarations and sign

Check the appropriate box

(Leave blank - for City staff to fill out)

CONDITIONS AND STIPULATIONS

REFER TO: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	APPROVED: _____ HOUSING INSPECTION DIVISION, DEPT. OF BLDG. INSPECTION	DATE: _____ INSPECTOR: _____ BUILDING INSPECTION DIVISION
	APPROVED: _____ DEPARTMENT OF CITY PLANNING	DATE: _____ INSPECTOR: _____ ELECTRICAL INSPECTION DIVISION
	APPROVED: _____ PLAN REVIEW SERVICES, DEPT. OF BLDG. INSPECTION	DATE: _____ INSPECTOR: _____ PLUMBING INSPECTION DIVISION
	APPROVED: _____ CIVIL ENGINEER, DEPT. OF BLDG. INSPECTION	DATE: _____ INSPECTOR: _____ CODE ENFORCEMENT SERVICES
	APPROVED: _____ MECHANICAL ENGINEER, DEPT. OF BLDG. INSPECTION	DATE: _____ INSPECTOR: _____
	APPROVED: _____ SAN FRANCISCO FIRE DEPARTMENT	DATE: _____ INSPECTOR: _____
	APPROVED: _____ SF DEPARTMENT OF PUBLIC WORKS / MAYOR'S OFFICE OF DISABILITY (CROSS ONE OUT)	DATE: _____ INSPECTOR: _____
	APPROVED: _____ SF PUBLIC UTILITIES COMMISSION	DATE: _____ INSPECTOR: _____
APPROVED: _____ DEPT. OF PUBLIC HEALTH / OCII (CROSS ONE OUT)	DATE: _____ INSPECTOR: _____	

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.

OWNER'S AUTHORIZED AGENT

 **Sign here**