## Mayor's Office on **Disability Project Intake Form**



London N. Breed Mayor

BASIC INFORMATION						Nicole Bohi Directo
1. Project Name:						
2. Project Address:				3.	Block / Lot:	
4. Date Submitted:					·	
5. Intake form submitted by			Si	gnature:		
CONTACT INFORMATION						
6. City Dept./Managing Agency:  □ MOHCD □ OCII □ OEWD □ TIDA □ Other	Contact Pe	rson:	Phone:	Email:		
7. Project Manager/Firm:	Contact Pe	rson:	Phone:	Email:		
8. Owner/Organization:	Contact Pe	rson:	Phone:	Email:		
9. Architectural Firm:	Contact Pe	rson:	Phone:	Email:		
□ 100% Affordable Housing (ED1301)  11. If project contains residential use, identi □ seniors □ formerly homeless  12. BUILDING / SITE DESCRIPTION  Occupancy Type: (list all that apply)		opulation(s) se	rved :		Playground   Park	
Use of facility:						
Number of floors:	Mezzanine(s)	included?				
Existing elevator in path of travel?	Yes / No	Comments				
New elevator being added?	Yes / No					
Off street parking provided?	Yes / No					
Commercial use included?	Yes / No					
Public accommodation included?	Yes / No					
13. RESIDENTIAL PROJECT INFORM. (Please count each unit in only of Dwelling Unit Types (regulations applicable Adaptable or Covered (FHA Guidelines, CE Units with Mobility Features (FHA Guideline CBC Chapter 11A)	ne category) e) BC Chapter 11A)		# Single story		#Multistory units	
Units with Communication Features (FHA	Guidelines 201	0 ADA	+			
Standard, CBC Chapter 11A)	2 3/4 5////00, 20 /					

Multistory units with a visitable level (CBC Chapter 11A)

Inaccessible

Total Units in Project:

#### 14. PROJECT VALUATION / TYPE / FUNDING

Dollar valuation of project	\$
Check one that applies:	
New construction	Use Table I for fee calculation
Barrier removal only	
Alterations under Title 24 threshold	Use Table II for fee calculation
Alterations over Title 24 threshold	

Project Funding Sources (check all that apply)	Amount	Type of Funds (CDBG, TARP, HOME, etc)
Federal:	\$	
State:	\$	
City:	\$	
Other:	\$	
TOTAL:	\$	

### 15. FEE TABLE I - New Construction

Total Project Valuation	Fee	# of Plan Reviews	# of Site	Additional Plan
		included in fee	Inspections	Reviews or Site
			included in fee	Inspections
Up to \$200,000	Hourly rate of \$150/hour	2	2	\$150/hour
\$200,000 - \$999,999	\$2200 + \$310 per each additional \$100,000 over the initial \$200,000	3	3	\$150/hour
\$1 - \$5 million	\$4400 + \$75 per each additional \$100,000 over the initial \$1 million	3	4	\$150/hour
\$5 - \$10 million	\$7400 + \$22 per each additional \$100,000 over the initial \$5 million	3	5	\$150/hour
\$10 million and up	\$8500 + \$13.50 per each additional \$100,000 over the initial \$10 million	3	9	\$150/hour

#### 16. FEE TABLE II - Alterations

Total Project Valuation	Fee	# of Plan Reviews included in fee	# of Site Inspections included in fee	Additional Plan Reviews or Site Inspections
Up to \$200,000	Hourly rate of \$150/hour	2	2	\$150/hour
\$200,000 - \$999,999	\$2640 + \$340 per each additional \$100,000 over the initial \$200,000	3	3	\$150/hour
\$1 - \$5 million	\$5040 + \$85 per each additional \$100,000 over the initial \$1 million	3	4	\$150/hour
\$5 - \$10 million	\$8440 + \$24 per each additional \$100,000 over the initial \$5 million	3	5	\$150/hour
\$10 million and up	\$9640 + \$15 per each additional \$100,000 over the initial \$10 million	3	9	\$150/hour

## Mayor's Office on **Disability**



Nicole Bohn, M.A.

Director

# **Invoice**

Project Name:	
Project Address:	
Date Submitted:	

Fee calculation example #1 (new construction / use Table I)

\$1,500,000 new construction project valuation

 $$4400 + $75 \times \frac{$1,500,000 - $1,000,000}{$100,000} = $4400 + $375 = $4775$ 

Fee calculation example #2 (alteration / use Table II)

\$1,500,000 alteration project valuation

\$5040 + \$85 x <u>\$1,500,000 - \$1,000,000</u> = \$5040 + \$425 = \$5465 \$100,000

Construction cost type (check one): 

New Construction/Use Table I

Alterations/Use Table II

Fee	+	\$ Х	\$ =	\$
Calculation:	\$			

Please make check payable to: City and County of San Francisco

Deliver project (with payment) to:

Mayor's Office on Disability

1155 Market Street, 1st floor San Francisco, CA 94103 Phone: (415) 554-6789

Email: MOD@sfgov.org

Projects submitted to MOD must include payment.

Projects submitted without payment will not be processed.

Fee Amount:   \$   Check #:   Date Submitted:
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