## Sample scenario: Permit to legalize awning/sign – no construction

APPROVED FOR ISSUANCE

APPLICATION NUMBER

APPROVAL

NUMBER

(9A) NO. OF DWELLING 4 Units:

(9) NO. OF Dwelling Units:

YES 🗆

NO 👑

You can find this information at the SF Planning Department Property Information Map (PIM)

website: https://sfplanninggis.org/pim/

(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).

### APPLICATION FOR BUILDING PERMIT ADDITIONS, ALTERATIONS OR REPAIRS

FORM 3 OTHER AGENCIES REVIEW REQUIRED

FORM 8 OVER-THE-COUNTER ISSUANCE

**NUMBER OF PLAN SETS** 

2

(6A) NO. OF

Date you

RECEIPT NO.

submit permit

(4A) TYPE OF CONSTR.

**VB** 

VB

(10) IS AUTO RUNWAY TO BE CONSTRUCTED OR ALTERED?

(14) CONTRACTOR Leave blank

(15) OWNER - LESSEE (CROSS OUT ONE)

) WILL SIDEWALK OVER SUB-SIDEWALK SPACE BE REPAIRED OR ALTERED?

(25) ARCHITECT OR ENGINEER (DESIGN

San Francisco Boutique

▼ DO NOT WRITE ABOVE THIS LINE ▼ FILING FEE RECEIPT NO (1) STREET ADDRESS OF JOE

1234 Diamond Street ISSUED

(2A) ESTIMATED COST OF JOB (2B) REVISED COST: \$1.00

PHONE

HEREINAFTER SET FORTH.

CITY AND COUNTY OF SAN FRANCISCO **DEPARTMENT OF BUILDING INSPECTION** 

APPLICATION IS HEREBY MADE TO THE DEPARTMENT OF

PERMISSION TO BUILD IN ACCORDANCE WITH THE PLANS AND SPECIFICATIONS SUBMITTED HEREWITH AND

ACCORDING TO THE DESCRIPTION AND FOR THE PURPOSE

BLOCK & LOT

1234 / 056

DATE

BUILDING INSPECTION OF SAN FRANCISCO FOR

INFORMATION TO BE FURNISHED BY ALL APPLICANTS LEGAL DESCRIPTION OF EXISTING BUILDING Retail / Health services

BASEMENTS AND CELLARS DESCRIPTION OF BUILDING AFTER PROPOSED ALTERATION (6) NO. OF Basements 0 Retail / Health services

1234 Diamond Street, SF CA 94123

YES (12) ELECTRICAL WORK TO BE PERFORMED? YES USED DURING CONSTRUCTION? ADDRESS 71F

B, R-3 YES UNO WORK TO BE PERFORMED? CALIF LIC NO

BTRC#

EXPIRATION DATE

(8A) OCCUP. CLASS

B. R-3

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)

ADDRESS

YES (18) IF (17) IS YES, STATE
NEW HEIGHT AT
CENTER LINE OF FRONT

YES (22) WILL BUILDING EXTEND BEYOND PROPERTY LINE?

No construction. To legalize existing awning under Awning Amnesty Program.

Abate NOV complaint #: 202312345

(5A) NO. OF

(5) NO. OF Stories of Occupancy:

(16) Insert your Notice of Violation (NOV) complaint number if you have one. Make sure to reference

the Awning Amnesty Program

20) IF (19) IS YES, STATE NEW GROUND FLOOR AREA YES 🗆 YES 🗆

(24) DOES THIS ALTERATION CONSTITUTE A CHANGE OF OCCUPANCY? CALIF. CERTIFICATE NO

(26) CONSTRUCTION LENDER (ENTER NAME AND BRANCH DESIGNATION IF ANY. IF THERE IS NO KNOWN CONSTRUCTION LENDER, ENTER "UNKNOWN")

ADDITIONAL INFORMATION

YES 🗆

(19) DOES THIS ALTERATION CREATE DECK OR HORIZ. EXTENSION TO BUILDING

(23) ANY OTHER EXISTING BLDG. ON LOT? (IF YES, SHOW ON PLOT PLAN)

#### **IMPORTANT NOTICES**

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.

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.

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.

Crade 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.

ANY STIPULATION REQUIRED HEREIN OR BY CODE MAY BE APPEALED.

BUILDING NOT TO BE OCCUPIED UNTIL CERTIFICATE OF FINAL COMPLETION IS POSTED ON THE BUILDING OR PERMIT OF OCCUPANCY GRANTED, WHEN REQUIRED.

APPROVAL OF THIS APPLICATION DOES NOT CONSTITUTE AN APPROVAL FOR THE ELECTRICAL WIRING OR PLUMBING INSTALLATIONS. A SEPARATE FERMIT FOR THE WIRING AND PLUMBING MUST BE OBTAINED. SEPARATE FERMITS ARE REQUIRED IF ANSWER IS "YES" TO ANY OF ABOVE QUESTIONS (10) (11) (12) (13) (22)

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

In dwellings, all insulating materials must have a clearance of not less than two inches from all electrical wires or equipment.

CHECK APPROPRIATE BOX OWNER

□ OWNER
□ LESSEE
□ CONTRACTOR □ ARCHITECT □ AGENT
□ ENGINEER

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 THERE TO WILL BE COMPLETED WITH.

#### **NOTICE TO APPLICANT**

HOLD HARMILESS CLAUSE. The permittee(s) by acceptance of the permit, agree(s) to indemnify and hold harmless the City and Country of San Francisco from and against any and all claims, demands and actions for damages resulting from operations under this permit, pragradless of negligence of the City and Country of San Francisco, and to assume the defense of the City and Country 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 worker's compensation coverage under (i) or (ii) designated below, or shall indicate item (iii), (ii), or (v), whichever is applicable. If however item (iv) 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:

ADDRESS

- ( ) 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.
- 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:

- ( ) 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 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 forthwith with the provisions of Section 3000 of the Labor Code, that the permit herein applied for a halb of deemed revoked.
- 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.

Signature of Applicant or Agent

Date

Check the appropriate box

Check "Form 8"

(15) Cross out "Owner" if

you are the business

owner applying.

Cross out "Lessee" if you

are the property owner

applying

OFFICE COPY

Initial the appropriate declaration and sign

# (Leave blank - for City staff to fill out)

### **CONDITIONS AND STIPULATIONS**

REFER TO:	APPROVED:		DATE:
			INSPECTOR:
<u> </u>	HOUSING INSPECTION DIV	/ISION, DEPT. OF BLDG. INSPECTION	BUILDING INSPECTION DIVISION
	APPROVED:		DATE:
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	DED A DIMEN	IT OF OUTVIEW ANNUALS	
	APPROVED:	IT OF CITY PLANNING	ELECTRICAL INSPECTION DIVISION
	ATTROVED.		DATE:
			ING. 201011
	PLAN REVIEW SERVICE	ES, DEPT. OF BLDG. INSPECTION	PLUMBING INSPECTION DIVISION
	APPROVED:		DATE:
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		DEPT. OF BLDG. INSPECTION	CODE ENFORCEMENT SERVICES
	APPROVED:		DATE:
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	SF DEPARTMENT OF PUBLIC WORKS / I	MAYOR'S OFFICE OF DISABILITY (CROSS ONE OUT)	
	APPROVED:	,	DATE
			INSPECTOR:
	SF PUBLIC UTILITIES COMMISSION		
	APPROVED:		DATE:
$\Box$			INSPECTOR:
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1.000	•	HEALTH / OCII (CROSS ONE OUT)	
	ree to comply with all conditions or stipulations conditions or stipulations, which are hereby mad	of the various bureaus or departments noted on this application.	tion, and attached statements
			Ciam Issue
	OW	MER'S AUTHORIZED AGENT	▲ Sign here

Reminder:

Provide dimensioned photos with labels documenting the required information (refer to sf.gov/awnings2023)

- Photos need to be printed on 11"x17" paper.
- Two copies of the photos are required with your permit application.