

Project Address

1835/~~1837~~/~~1839~~/~~1849~~
DIVISADERO ST.

Building Permit Application Number

2023 08255286

Contact Information (include all)

First & last name Katie Voong
Email address k.voong@dscheme.com
Phone number 415.278.7821

PC

Applicant Role

- | | |
|-----------------------------------------------|--------------------------------------------|
| <input checked="" type="checkbox"/> Agent | <input type="checkbox"/> Engineer |
| <input checked="" type="checkbox"/> Architect | <input type="checkbox"/> Lessee |
| <input type="checkbox"/> Attorney in fact | <input type="checkbox"/> Owner |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Permit consultant |
| <input type="checkbox"/> Other | |

Routing

- | | |
|--------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Planning: General | <input checked="" type="checkbox"/> Historic Preservation |
| <input type="checkbox"/> Building: No plans permit | |
| <input checked="" type="checkbox"/> Building: Non-structural | <input type="checkbox"/> Building: Structural |
| <input checked="" type="checkbox"/> Mechanical | <input type="checkbox"/> Electrical |
| <input checked="" type="checkbox"/> Fire | |
| <input checked="" type="checkbox"/> Public Works | |
| <input type="checkbox"/> Public Utilities Commission | |
| <input type="checkbox"/> Public Health | |
| <input type="checkbox"/> Development Fee Collection Unit | |
| <input type="checkbox"/> Office of Community Investment & Infrastructure | |
| <input checked="" type="checkbox"/> Payment | |

Complaints or Violations

- Yes No Date: 07/19/23 PT
- | | |
|------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Building Inspection | <input type="checkbox"/> Code Enforcement |
| <input type="checkbox"/> Electrical Inspection | <input checked="" type="checkbox"/> Housing Inspection |
| <input type="checkbox"/> Plumbing Inspection | <input type="checkbox"/> Disabled Access |

Hit
- Pat

TECHNICAL INFEASIBILITY OR UNREASONABLE HARDSHIP PER ORDINANCE 51-16

APPROVED FOR ISSUANCE

REVIEWED BY FIRE DEPT.

FIRE DEPT. INSPECTIONS NOT REQUIRED



ACCESSIBLE BUSINESS ENTRANCE PROGRAM PER ORDINANCE 51-16



HJ: 202308566

APPLICATION FOR BUILDING PERMIT ADDITIONS, ALTERATIONS OR REPAIRS

CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF BUILDING INSPECTION

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.

FORM 3 OTHER AGENCIES REVIEW REQUIRED

FORM 8 OVER-THE-COUNTER ISSUANCE

2 NUMBER OF PLAN SETS

DO NOT WRITE ABOVE THIS LINE

DATE FILED 9/25/23 07/19/23	FILING FEE RECEIPT NO.	(1) STREET ADDRESS OF JOB 1835 DIVISADERO ST	BLOCK & LOT 1049/004
RECEIPT NO.	ISSUED	(2A) ESTIMATED COST OF JOB 168,500 \$10,000.00	(2B) REVISED COST: \$10,000.00 BY: G.R.B. DATE: 10/6/23

INFORMATION TO BE FURNISHED BY ALL APPLICANTS

LEGAL DESCRIPTION OF EXISTING BUILDING

(4A) TYPE OF CONSTR. V-B	(5A) NO. OF STORIES OF OCCUPANCY: 2	(6A) NO. OF BASEMENTS AND CELLARS: 0	(7A) PRESENT USE: MIX USED RESIDENTIAL / COMMERCIAL	(8A) OCCUP. CLASS B.M. R2	(9A) NO. OF DWELLING UNITS: 6
-----------------------------	----------------------------------------	-----------------------------------------	--------------------------------------------------------	------------------------------	----------------------------------

DESCRIPTION OF BUILDING AFTER PROPOSED ALTERATION

(4) TYPE OF CONSTR. V-B	(5) NO. OF STORIES OF OCCUPANCY: 2	(6) NO. OF BASEMENTS AND CELLARS: 0	(7) PROPOSED USE (LEGAL USE) MIX USED RESIDENTIAL / COMMERCIAL	(8) OCCUP. CLASS B.M. R2	(9) NO. OF DWELLING UNITS: 6
----------------------------	---------------------------------------	----------------------------------------	-------------------------------------------------------------------	-----------------------------	---------------------------------

(10) IS AUTO RUNWAY TO BE CONSTRUCTED OR ALTERED? NO <input checked="" type="checkbox"/>	(11) WILL STREET SPACE BE USED DURING CONSTRUCTION? YES <input checked="" type="checkbox"/>	(12) ELECTRICAL WORK TO BE PERFORMED? YES <input checked="" type="checkbox"/>	(13) PLUMBING WORK TO BE PERFORMED? YES <input checked="" type="checkbox"/>
---------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------	--------------------------------------------------------------------------------

(14) CONTRACTOR	ADDRESS	ZIP	PHONE	CALIF. LIC. NO.	EXPIRATION DATE
-----------------	---------	-----	-------	-----------------	-----------------

(15) OWNER - LESSOR (CROSS OUT ONE)	ADDRESS	ZIP	BTRC#	PHONE (FOR CONTACT BY DEPT.)
-------------------------------------	---------	-----	-------	------------------------------

(16) WRITE IN DESCRIPTION OF ALL WORK TO BE PERFORMED UNDER THIS APPLICATION (REFERENCE TO PLANS IS NOT SUFFICIENT)
~~ABE - TECHNICAL INFEASIBILITY REQUEST~~ Unreasonable Hardship.

ADD (N) H-LW DOOR ACTUATOR AT ENTRY
ABE # 202211165207

ADDITIONAL INFORMATION

(17) DOES THIS ALTERATION CREATE ADDITIONAL HEIGHT OR STORY TO BUILDING? 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 <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 <input checked="" type="checkbox"/>	(22) WILL BUILDING EXTEND BEYOND PROPERTY LINE? NO <input checked="" type="checkbox"/>	(23) ANY OTHER EXISTING BLDG. ON LOT? (IF YES, SHOW ON PLOT PLAN)	(24) DOES THIS ALTERATION CONSTITUTE A CHANGE OF OCCUPANCY? NO <input checked="" type="checkbox"/>
--------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------	-------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------

(25) ARCHITECT OR ENGINEER (DESIGN <input checked="" 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
--------------------------------------------------------------------------------------------------------------------------------	---------

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.

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.

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 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).

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 ARCHITECT
 LESSEE AGENT
 CONTRACTOR ENGINEER

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 worker's compensation coverage under (I) or (II) designated below, or shall indicate item (III), (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 worker's 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 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:
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 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.

() 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.

Signature of Applicant or Agent

Date

CONDITIONS AND STIPULATIONS

REFER TO: <input type="checkbox"/>	APPROVED: <u><i>Matt Luton</i></u> Matt Luton, HIS JUL 19 2023 HOUSING INSPECTION DIVISION, DEPT. OF BLDG. INSPECTION Legal use per CFC # <u>No Record</u> No. of Units _____ Floors of Occ. _____ FOR WORK STATED ONLY	DATE: _____ INSPECTOR: _____ BUILDING INSPECTION DIVISION
<input type="checkbox"/>	APPROVED: <u><i>Jia Hong Situ</i></u> Jia Hong Situ AUG 25 2023 SF Planning Department DEPARTMENT OF CITY PLANNING Approved ABE in-law power actuator within entry above. restore BH 10/4/23	DATE: _____ INSPECTOR: _____ ELECTRICAL INSPECTION DIVISION
<input type="checkbox"/>	APPROVED: <u><i>Sebastian Bendezu</i></u> Sebastian Bendezu, DBI OCT 06 2023 PLAN REVIEW SERVICES, DEPT. OF BLDG. INSPECTION	DATE: _____ INSPECTOR: _____ PLUMBING INSPECTION DIVISION
<input type="checkbox"/>	APPROVED: _____ CIVIL ENGINEER, DEPT. OF BLDG. INSPECTION	DATE: _____ INSPECTOR: _____ CODE ENFORCEMENT SERVICES
<input type="checkbox"/>	APPROVED: <u><i>Reynaldo Ortega</i></u> Reynaldo Ortega, DBI OCT 08 2023 MECHANICAL ENGINEER, DEPT. OF BLDG. INSPECTION	DATE: _____ INSPECTOR: _____
<input type="checkbox"/>	APPROVED: <u><i>Bela Carrera</i></u> Bela Carrera, SFPD OCT 06 2023 SAN FRANCISCO FIRE DEPARTMENT	DATE: _____ INSPECTOR: _____
<input type="checkbox"/>	APPROVED: _____ SF DEPARTMENT OF PUBLIC WORKS / MAYOR'S OFFICE OF DISABILITY (CROSS ONE OUT)	DATE: _____ INSPECTOR: _____
<input type="checkbox"/>	APPROVED: _____ SF PUBLIC UTILITIES COMMISSION	DATE: _____ INSPECTOR: _____
<input type="checkbox"/>	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