

Project Address

1839 DIVISADERO ST.

Building Permit Application Number

2023 0825 5288

Contact Information (include all)

First & last name JOSEF UTLEG
Email address j.utleg@dsscheme.com
Phone number 415.252.0888

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 type="checkbox"/> Housing Inspection |
| <input type="checkbox"/> Plumbing Inspection | <input type="checkbox"/> Disabled Access |

thit

APPROVED FOR ISSUANCE

TECHNICAL INFEASIBILITY OR UNREASONABLE HARDSHIP PER ORDINANCE 51-16

ACCESSIBLE BUSINESS ENTRANCE PROGRAM PER ORDINANCE 51-16



REVIEWED BY FIRE DEPT. FIRE DEPT. INSPECTIONS NOT REQUIRED

H# 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 [X] OVER-THE-COUNTER ISSUANCE NUMBER OF PLAN SETS

DO NOT WRITE ABOVE THIS LINE

Table with columns: DATE FILED (8/25/23), FILING FEE RECEIPT NO., (1) STREET ADDRESS OF JOB (1839 DIVISADERO ST), BLOCK & LOT (1049/004), (2A) ESTIMATED COST OF JOB (\$18,750.00), (2B) REVISED COST (\$18,750.00), DATE (10/6/23)

INFORMATION TO BE FURNISHED BY ALL APPLICANTS

LEGAL DESCRIPTION OF EXISTING BUILDING

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

DESCRIPTION OF BUILDING AFTER PROPOSED ALTERATION

Table with columns: (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) (MIXED RESIDENTIAL/COMMERCIAL), (8) OCCUP. CLASS (B.M. R2), (9) NO. OF DWELLING UNITS (6)

Table with columns: (10) IS AUTO RUNWAY TO BE CONSTRUCTED OR ALTERED? (NO), (11) WILL STREET SPACE BE USED DURING CONSTRUCTION? (NO), (12) ELECTRICAL WORK TO BE PERFORMED? (NO), (13) PLUMBING WORK TO BE PERFORMED? (NO)

Table with columns: (14) CONTRACTOR, ADDRESS, ZIP, PHONE, CALIF. LIC. NO., EXPIRATION DATE

Table with columns: (15) OWNER - LESSEE (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) IMPROV ABE - TECHNICAL INFEASIBILITY REQUEST, Unreasonable Hardship ADD (N) HI-LOW DOOR ACTUATOR AT ENTRY ABE # 2021 0618 3029

ADDITIONAL INFORMATION

Table with columns: (17) DOES THIS ALTERATION CREATE ADDITIONAL HEIGHT OR STORY TO BUILDING? (NO), (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), (20) IF (19) IS YES, STATE NEW GROUND FLOOR AREA

Table with columns: (21) WILL SIDEWALK OVER SUB-SIDEWALK SPACE BE REPAIRED OR ALTERED? (NO), (22) WILL BUILDING EXTEND BEYOND PROPERTY LINE? (NO), (23) ANY OTHER EXISTING BLDG. ON LOT? (IF YES, SHOW ON PLOT PLAN), (24) DOES THIS ALTERATION CONSTITUTE A CHANGE OF OCCUPANCY? (NO)

Table with columns: (25) ARCHITECT OR ENGINEER (DESIGN [] CONSTRUCTION [X]), ADDRESS (MARC DIMANANTIA, 222 8TH ST, SF, CA 94103), CALIF. CERTIFICATE NO. (C-33350)

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

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. 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 [X] 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 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 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>[Signature]</i></u> Matt Luton, HIS JUL 19 2023 Legal use per CFC # <u>No PC Cord</u> No. of Units _____ Floors of Occ. _____ FOR WORK STATED ONLY HOUSING INSPECTION DIVISION, DEPT. OF BLDG. INSPECTION	DATE: _____ INSPECTOR: _____ BUILDING INSPECTION DIVISION
<input type="checkbox"/>	APPROVED: <u><i>[Signature]</i></u> Ja Hong Situ AUG 25 2023 SF Planning Department DEPARTMENT OF CITY PLANNING Approved ASE hi/low floor actuators within entry alcove. restamp Bldg 10/4/23	DATE: _____ INSPECTOR: _____ ELECTRICAL INSPECTION DIVISION
<input type="checkbox"/>	APPROVED: <u><i>[Signature]</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>[Signature]</i></u> Reynaldo Ortega, DBI OCT 06 2023 MECHANICAL ENGINEER, DEPT. OF BLDG. INSPECTION	DATE: _____ INSPECTOR: _____
<input type="checkbox"/>	APPROVED: <u><i>[Signature]</i></u> BELA GARDNER, 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