

Permit Application Form Instructions with Guide

Instructions are provided to assist the applicant in completing the two page SFFD Permit Application form; please include both application pages with your submittal. A separate application form is required for each proposed regulated activity or operation.

Please PRINT legibly and SIGN where signatures are required.

Incomplete or illegible applications will delay processing and may be returned to the applicant to resubmit. The applicant is strongly advised to submit applications in person; contact the SFFD Operational Permit Section for current fees or with questions before submitting a permit application.

Please provide all of the following information:

Page One

Line 1: **Permit Description.** Indicate the type/description of the activity or operation.

Line 2: **Other Information.** Indicate specific details about the activity or operation as requested.

Line 3. **Permit Address.** Print the specific San Francisco address/location where the activity or operation will occur.

Line 4. **Applicant's Business Name (dba).** Self-explanatory.

Line 5. **Telephone.** Provide the business contact telephone number with area code.

Line 6. **Permit Holder.** Provide the name of the person, company, organization, or entity legally responsible for the activity or operation.

Line 7. **SF Business Tax Reg No.** Provide the San Francisco Business Tax Registration Certificate number associated with the applicant's business name.

Line 8. **Applicant's Contact/Agent.** Provide the contact name of the applicant or the applicant's designated agent.

Line 9. **Telephone.** Provide the contact telephone number with area code of the applicant or the applicant's designated agent.

Lines 10, 11, 12, 13. **Applicant's Billing Address, et al.** Provide the mailing address where all correspondence, including billing and documents, are to be directed.

Line 14. **FAX.** If available, provide a FAX telephone number for facsimile document correspondence.

Line 15. **Wet Signature of Applicant or Agent.** Self-explanatory.

Line 16. **Date.** Enter the month, day, and year the application was signed.

Line 17. **Print name of Applicant or Agent (circle one).** Self-explanatory.

Page Two

Box: **Contractor information.** Self-explanatory. This section is only applicable to specific permit activities or operations that are typically performed by licensed contractors and may include permits associated with Tent/Membrane Installation, Roofing or Welding Operations, or Flammable/Combustible Liquid Stationary Tank Removal or Abandonment.

San Francisco Fire Department

Bureau of Fire Prevention

49 South Van Ness Avenue, Suite 560

San Francisco, CA 94103

Phone: (628) 652-3260

Fax: (628) 652-3476

PERMIT APPLICATION

(Hours 8:00 am - 5:00 pm Mon - Fri)

- Permit Approval (OK)
 Pending Inspection (PI)
 Hold for _____
 Battalion Chief Inspection
 Permit Section Inspection
 WDO Required
 Sponsor Permit

PERMIT DESCRIPTION: 1

OTHER INFORMATION: Please provide the applicable information for: **LP-gas tanks/containers:** number, weight/gallons; **flammable/combustible liquid tanks/containers:** content, number, gallons, location; **batteries:** type, gallons, location; **compressed gas tanks/containers:** content, number, volume; **places of assembly:** maximum approved occupant load; **tents/membranes:** number, dimensions, occupant load, site plan, floor plan; **events/special places of assembly:** date

2**OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE****SFFD Permit Conditions/Notations:****Annual Tax License Certificate Required:** yes / no**if yes:** Tax Class: D _____**if no:** Date Permit Expires _____**PERMIT ADDRESS:** 3**APPLICANT'S BUSINESS NAME (dba):** 4**TELEPHONE:** 5**PERMIT HOLDER:** 6**SF BUSINESS TAX REG NO.:** 7**APPLICANT'S CONTACT/AGENT:** 8**TELEPHONE:** 9**APPLICANT'S BILLING ADDRESS:** 10**CITY:** 11 **STATE:** 12 **ZIP CODE:** 13 **FAX:** 14

All returned checks are subject to an additional surcharge. Processing, review, and inspections that require more than a total of two (2) hours (or three (3) hours for flame effects or pyrotechnics/fireworks) shall be subject to an additional fee for each hour or portion thereof.

This application form is not a permit to operate and may require further review or inspection by the San Francisco Fire Department. The Chief is authorized to cancel a permit application when the applicant fails to make corrections or fails to provide additional information within six (6) months from the date of this application.

All fire permit applications shall be submitted a minimum of five (5) working days (or ten (10) working days for flame effect and pyrotechnic/fireworks permits) prior to the commencing date of the regulated event or activity. Only the original permit application will be accepted; a "fax" copy is not acceptable. It is the applicant's responsibility to contact the SFFD to schedule an inspection.

I CERTIFY THAT I HAVE READ THE ABOVE STATEMENT OF CONDITIONS AND THAT ALL INFORMATION SUBMITTED IS CORRECT. I AGREE TO COMPLY WITH ALL CITY AND STATE LAWS RELATING TO FIRE PREVENTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE-MENTIONED PERMIT ADDRESS FOR INSPECTION PURPOSES.

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Wet Signature of Applicant or Agent

16

Date

17

Print name of Applicant or Agent (circle one)

Page one of two

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CONTRACTOR NAME: _____

PHONE: _____

ADDRESS: _____

STATE: _____

CITY: _____

ZIP CODE: _____

LICENSED CONTRACTOR'S DECLARATION

I hereby affirm that I am licensed under the provisions of Chapter 9 of the Business and Professional Code and my license is valid.

Licensed Class: _____

License No.: _____

Expiration: _____

WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Labor Code).

Policy No.: _____

Company: _____

 Certified copy is hereby furnished. Certified copy is filed with the SF Department of Building Inspection. 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.

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provisions of the Labor Code, you must comply with such provisions or this permit shall be deemed revoked.

Applicant: _____

Date: _____

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Filing Date: _____

Inspection No.: _____

Permit No.: _____

If application is for a repair garage, service station, or junk/wrecking yard, **select one:**

 New permit – No SFFD Permit on File Existing permit – SFFD Permit on File**Referrals sent to:** City Planning DBI DPW BBI-Elect**Summary of Permit Fees**

Permit Filing Fee	\$
City Planning Referral Fee	\$
Posting Fee	\$
Total Amount Due	\$

Receipt Number: _____

 City & County of San Francisco Port of San Francisco Treasure Island

Received by _____

Received via mail