

San Francisco Fire Department

Bureau of Fire Prevention
698 - 2nd Street, Room 109

San Francisco, CA 94107

Phone: (415) 558-3300

Fax: (415) 558-3323

_____ of _____

PERMIT APPLICATION

(Hours 8am-4:30pm Mon-Fri)

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

PERMIT DESCRIPTION: _____

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

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: _____

APPLICANT'S BUSINESS NAME(dba): _____ **TELEPHONE:** _____

PERMIT HOLDER: _____ **SF BUSINESS TAX REG NO.:** _____

APPLICANT'S CONTACT/AGENT: _____ **TELEPHONE:** _____

APPLICANT'S BILLING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **FAX:** _____

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 910) 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.

Signature of Applicant or Agent

Date

Print name of Applicant or Agent (circle one)

CONTRACTOR NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ 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	\$
Posting Fee	\$
Total Amount Due	\$

Receipt Number: _____

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

Received by _____

Received via mail

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 type and e-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 typed applications online; 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: **eSignature 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 (check 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
698 - 2nd Street, Room 109

San Francisco, CA 94107

Phone: (415) 558-3300

Fax: (415) 558-3323

_____ of _____

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.

15
Wet Signature of Applicant or Agent

16
Date

17
Print name of Applicant or Agent (circle one)

BOX

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