

**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

\_\_\_\_ of \_\_\_\_

**PERMIT APPLICATION**

(Hours 9:00 am - 5:00 pm Mon)

(Hours 8:00 am - 5:00 pm Tue to 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 ACCOUNT 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 (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.

\_\_\_\_\_  
**Wet Signature of Applicant or Agent**\_\_\_\_\_  
**Date**\_\_\_\_\_  
**Print name of Applicant or Agent (circle one)****Page one of two**

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	\$
<b>Total Amount Due</b>	<b>\$</b>

Receipt Number: \_\_\_\_\_

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

Received by \_\_\_\_\_

Received via mail ☐