



**APPLICATION / PERMIT TO INSTALL
MECHANICAL WORKSHEET**
CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF BUILDING INSPECTION

Homeowner New DATE : _____
 Contractor Amendment
 Renewal

Homeowner Permits are approved at Inspection Services, PID 4th Floor (628) 652-3450

JOB ADDRESS:		UNIT #	BLOCK/LOT	BLDG. USE
<input type="checkbox"/> NEW <input type="checkbox"/> ALT	# STORIES	OWNER OF BLDG.		PHONE:
ADDRESS:				
I hereby affirm that I am licensed under provisions of Chapter 9 (Commencing with Sec. 7000) of Division 3 of the Business and Professions code, and my license is in full force and effect.				
PRINT CONTRACTOR NAME & SIGNATURE		DATE	CLASS	LICENSE #
COMPANY NAME		LIC. EX. DATE		
ADDRESS				PHONE
CITY		STATE	ZIP	FOR OFFICE USE ONLY

*** NOT VALID FOR PERMIT IF ANY EMPLOYEE DESCENDS INTO EXCAVATION DEEPER THAN 5'**

SINGLE RESIDENTIAL UNIT FEE (Category 1M) \$ _____
 (Mechanical gas appliance - furnace, hydronic heat, heat pump)

MECHANICAL GAS APPLIANCES FEE (Category 2,3MA,B,C)...NO. OF DWELLING UNITS OR GUEST ROOMS _____ \$ _____
 (Residential)

OFFICE, MERCANTILE AND
 RETAIL BUILDING FEE (Category 5M):..... NUMBER OF TENANTS/FLOORS @ \$ _____ EA = \$ _____
 (New or tenant improvements; heating/cooling equipment to piping connected thereto-per tenant or per floor, whichever is less)

NUMBER OF ADDITIONAL INSPECTIONS REQUIRED:..... @ \$ _____ EA = \$ _____

NUMBER OF PLAN REVIEW HOURS: @ \$ _____ EA = \$ _____

NUMBER OF ADMIN HOURS REQUIRED:..... @ \$ _____ EA = \$ _____

COST OF THE JOB: \$ _____ TOTAL PERMIT FEE: \$ _____

DESCRIPTION OF WORK COVERED BY THIS PERMIT: _____

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 coverage under (I), or (II) designated below or shall indicate item (III), or (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 workers' 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 workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' 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 workers' compensation laws of California. I further acknowledge that I understand that in the event that I should become subject to the workers' 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 workers' 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 the Applicant or Agent _____ Date _____

PLEASE MAKE CHECK PAYABLE TO: DEPARTMENT OF BUILDING INSPECTION, 49 SOUTH VAN NESS AVE, SAN FRANCISCO, CA 94103. We accept payments from owner or affiliated agent(s) shown on DBI record. **3rd parties must provide authorization letter and ID.**