



PERMIT APPLICANT AND AUTHORIZED AGENT DISCLOSURE AND CERTIFICATION

Date: _____

New

Amended

Permit Application No. _____ Job Address: _____

This form must be completed in its entirety in connection with an application for a building permit (Forms 1/2, 3/8, 4/7, 6 and 8). This form must be amended for all new information or change in information for duration of project. Please be advised that the Department does not regulate permit expeditors/consultants or afford them preferential treatment.

A. Permit Applicant Information

I hereby certify that for the purpose of filling an application for a building or other permit with the Central Permit Bureau, or completion of any from related to the San Francisco Building Code, or to City and County ordinances and regulations, or to state laws and codes, I am the owner, the lessee or the agent of the owner/lessee and am authorized to sign all documented connected with this application or permit.

I declare under penalty of perjury that the foregoing is true and correct. I am the permit applicant and I am

Check box(es):

- The owner (B) The lessee (C)
- The authorized agent. Check entity(ies):
 - Architect (D) Engineer (D)
 - Contractor (E) Attorney (F)
 - Permit Consultant/Expediter (G)
 - Other _____ (H)

Print Applicant Name _____

Sign Name _____

B. Owner Information

Name _____

Phone _____

Address _____

City _____ State _____ Zip _____

C. Lessee Information

Name _____

Phone _____

Address _____

City _____ State _____ Zip _____

D. Architect/Engineer Information

- None List of all Architect(s)/Engineer(s) on project:

A. Name _____

- Architect Engineer

Phone No. _____

Firm Name _____

License # _____

Expiration Date _____

Firm Address _____

City _____ State _____ Zip _____

B. Name _____

- Architect Engineer

Phone No. _____

Firm Name _____

License # _____

Expiration Date _____

Firm Address _____

City _____ State _____ Zip _____

C. Name _____

- Architect Engineer

Phone No. _____

Firm Name _____

License # _____

Expiration Date _____

Firm Address _____

City _____ State _____ Zip _____

E. General Contractor Information

Note: Complete separate licensed contractor's statement also.

Name _____

Phone _____

Firm Name _____

License # _____

Expiration Date _____

Firm Address _____

City _____ State _____ Zip _____

- Contractor not yet selected. If this box is checked; submit an amended form when known.
- Owner-Builder. If this box is checked, submit Owner-Builder Declaration Form.

F. Attorney Information

Name _____

Phone _____

Address _____

City _____ State _____ Zip _____

G. Permit Consultant/Expediter

Name _____

Phone _____

Address _____

City _____ State _____ Zip _____

H. Authorized Agent - Others

Name _____

Phone _____

Address _____

City _____ State _____ Zip _____

Please describe your relationship with the owner.
