

### **Permits**

T. 628.271.2000  $\perp$  49 South Van Ness Ave. 3rd Floor, San Francisco, CA 94103

# **APPLICATION FOR SPECIAL SIDEWALK PERMIT**

	PUBLIC WORKS	S PERMIT#
		For Official Use Only
SITE INFORMATION		
Site Address:		
Cross Street:	Block:	Lot:
APPLICANT/AUTHORIZED AGI	ENT INFORMATION	
IOTE: If you are <u>not</u> applying as the	e property owner, you MUST complete	the Certificate of Authorized
gent section at the end of this form	in order for Public Works to begin revi	ewing your application.
☐ Agent of Owner ☐ Own	er	
Name:	Company Name:	
Address:		
Dity:		Zip:
	E-Mail:	
REQ	UIRED APPLICANT INFORMATIO	N
☐ Individual Applicant: Driver's	License or State ID Number	
_	ncisco Business Account Number	
OR State License Number	Architect E	Engineer
PROPERTY OWNER INFORMA	TION (Leave blank if applicant is prope	erty owner)
Owner Name:		
Phone:	E-Mail:	

SITE ADDRESS:		ficial Use Only
SPECIAL SIDEWALK TYPE		
Special Surface		
Manufacturer:		
Identification or Description:		
☐ Nonstandard Scoring		
☐ Nonstandard Cross Slope (>2.	5%)	
Print Name	Signature of Owner(s) of Record or Authorized Agent of Owner(s) of Record	Date

PUBLIC WORKS PERMIT#

## **INSTRUCTIONS FOR SPECIAL PERMIT**

1. Submit completely dimensioned and noted plans to show only the extent and location of the proposed work. Special sidewalk plans can be in conjunction with other Public Works permits.

For proposed special sidewalk, also provide:

- 1) Product data sheet
- 2) Slip resistance test report using one of the following accepted test methods:
  - a) ASTM E303
  - b) ANSI B101.3
  - c) ANSI A137.1
- 2. Application fees are applicable (See Fee Schedule), payable by credit card or check issued to San Francisco Public Works.
- 3. Submit all of above with the application to:



#### EMAIL

Electronic copies (PDF) of the application materials may be sent to: BSMPermitDivision@sfdpw.org

4. Additional fees will be required for notarization and recordation of the permit. The Office of the Assessor-Recorder is located at City Hall, Room 190. For information on recording fees, please call (415) 554-5596. Any certified Notary Public may notarize the permit.



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## **CERTIFICATION OF AUTHORIZED AGENT**

[Project Address]	[Block]	[Lot]	[Zip Code]
Public Works Permit Number (s)			
Building Permit Application (BPA) Number			
I/We, [Name of Property Owner(s) – Print]	, hereby certify for th	ne purpose	of
completing and submitting an application for st			
Public Works and for the completion of any for	·	. ,	
Code and/or to any City and County Ordinance	es and regulations, or s	State Code	s, I/we are
authorizing			
[Name of Agent(s) – Print]		_to sign all	documents
connected with this application(s) or permit(s).			
I/We also acknowledge that certain permits for incur annual assessment fees and will be recor		•	•
[Authorized Agent Signatur	re]	[Phone N	umber]
[CA Contractor, Driver's or SF Busines	s License number]		[Date]
[Property Owner Signature]	[Phone Number]		 [Date]