San Francisco State University Capital Planning, Design & Construction			BUILDING PERMIT
BUILD To be	Permit Number:		
Date Filed:	Applicant's Name:	Phone Number:	Issue Date:
Location of Work (B	Permit expires if work is not		
Description of all Work to be Performed:			started within 180 days of permit issuance or 180 days from last inspection.
			Permit To:
Are plans and specifi If no, give reason:	_		
Work to be performed by:			Building Information
☐ Contractor ☐ Campus Trades ☐ Dept. Staff ☐ Other PLAN REVIEW			Stories Type Const.
To be completed by Building Official			Occupancy Sq. Ft.
University projects are required by statute to be reviewed by other agencies to assure compliance with current code requirements. Provide documentation of approval from			
compliance with current the agencies listed be	m SFM		
the agencies fisted below it box is effected.			DSA
State Fire Marshal (SFM), C.C.R. Title 19 & 24			Code
 □ Division of State Architect (DSA), C.C.R., Title 24 □ Code Compliance Plan Review 			Seismic
☐ Seismic Review Board			
☐ San Francisco Health Department (SFHD) This application is being returned to the Applicant and issuance of Permit is withheld			SFHDld Conditions:
	eing returned to the Applicant a ency approval is provided or the f		
			Inspections: ☐ As noted above ☐ SFM
Reviewed: Deputy Building Official Date			☐ Plumbing☐ Electrical
	Deputy Building Official	Date	□ Special
Project Value: \$ Inspection Fee (2%): \$ □ Paid			
The above named project has been reviewed and found in conformance with the applicable codes and standards by those authorities having jurisdiction established by statute and University policy. If noted above that particular outside reviews are determined to be inapplicable, I have determined through direct review and personal knowledge that the project is compliant with all governing codes and standards.			
Approved:	Deputy Building Official		
	Deputy Building Official	Date	