



APPLICATION / PERMIT TO INSTALL MECHANICAL WORKSHEET

[Empty box for permit number]

CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF BUILDING INSPECTION

Homeowner [ ] Contractor [ ]

New [ ] Amendment [ ] Renewal [ ]

DATE :

Homeowner Permits are approved at the PID 3rd Floor ( 558-6570 )

Form with fields: JOB ADDRESS, UNIT #, BLOCK/LOT, BLDG. USE, NEW/ALT, # STORIES, OWNER OF BLDG., PHONE, ADDRESS, AFFIRMATION, CONTRACTOR INFO, COMPANY INFO, 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 2M):.....NUMBER 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: [Blank lines for description]

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.

- ( ) 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 demmmed 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 1660 MISSION STREET SAN FRANCISCO, CA 94103