



Street-Use and Mapping

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

APPLICATION FOR SPECIAL SIDEWALK PERMIT

BSM PERMIT#

For Official Use Only

SITE INFORMATION

Site Address: _____

Cross Street: _____ Block: _____ Lot: _____

APPLICANT/AUTHORIZED AGENT INFORMATION

NOTE: If you are *not* applying as the property owner, you **MUST** complete the Certificate of Authorized Agent section at the end of this form in order for Public Works to begin reviewing your application.

Agent of Owner Owner

Name: _____ Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

REQUIRED APPLICANT INFORMATION	
<input type="checkbox"/>	Individual Applicant: Driver's License or State ID Number _____
<input type="checkbox"/>	Business Applicant: San Francisco Business Account Number _____
OR	State License Number _____ <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Contractor

PROPERTY OWNER INFORMATION (Leave blank if applicant is property owner)

Owner Name: _____

Phone: _____ E-Mail: _____

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SITE ADDRESS: _____

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

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, _____, hereby certify for the purpose of
[Name of Property Owner(s) – Print]

completing and submitting an application for street/sidewalk-use permit(s) with San Francisco Public Works, Bureau of Street-Use and Mapping, and for the completion of any form related to the San Francisco Public Works Code and/or to any City and County Ordinances and regulations, or State Codes, I/we are authorizing

_____ to sign all documents
[Name of Agent(s) – Print]

connected with this application(s) or permit(s).

I/We also acknowledge that certain permits for encroachments within the public right of way incur annual assessment fees and will be recorded against property title for life of encroachment.

_____ **[Authorized Agent Signature]** **[Phone Number]**

_____ **[CA Contractor, Driver's or SF Business License number]** **[Date]**

_____ **[Property Owner Signature]** **[Phone Number]** **[Date]**