

San Francisco State University Capital Planning, Design & Construction		BUILDING PERMIT
BUILDING PERMIT APPLICATION FORM To be completed by Applicant (instructions on reverse side of form)		Permit Number: _____
Date Filed: _____	Applicant's Name: _____	Phone Number: _____
Location of Work (Building Name and Room Number): _____		Issue Date: _____ Permit expires if work is not started within 180 days of permit issuance or 180 days from last inspection.
Description of all Work to be Performed: _____		
Are plans and specifications provided: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, give reason: _____		Permit To: _____
Work to be performed by: <input type="checkbox"/> Contractor <input type="checkbox"/> Campus Trades <input type="checkbox"/> Dept. Staff <input type="checkbox"/> Other		Building Information
PLAN REVIEW To be completed by Building Official		Stories _____ Type Const. _____
		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 the agencies listed below if box is checked. <input type="checkbox"/> State Fire Marshal (SFM), C.C.R. Title 19 & 24 <input type="checkbox"/> Division of State Architect (DSA), C.C.R., Title 24 <input type="checkbox"/> Code Compliance Plan Review <input type="checkbox"/> Seismic Review Board <input type="checkbox"/> San Francisco Health Department (SFHD)		Approvals / Date SFM _____ DSA _____ Code _____ Seismic _____ SFHD _____
This application is being returned to the Applicant and issuance of Permit is withheld until above noted agency approval is provided or the following conditions are met: _____ Reviewed: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: auto; margin-right: auto;"> Deputy Building Official Date </div>		Conditions: _____ Inspections: <input type="checkbox"/> As noted above <input type="checkbox"/> SFM <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Special
Project Value: \$ _____ Inspection Fee (2%): \$ _____ <input type="checkbox"/> 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: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: auto; margin-right: auto;"> Deputy Building Official Date </div>		