

## **DEPARTMENT OF BUILDING INSPECTION**

City & County of San Francisco 1660 Mission Street, 2<sup>nd</sup> Floor, San Francisco, California 94103-2414 Tel: (415) 558-6133 Fax: (415) 558-6686 Web: www.sfgov.org

## APPLICATION COMPLETENESS CONTROL SHEET

Please provide the checked items for filing of your permit application. The Department may find it necessary to request other information after further analysis of the application prior to completing its review. Check with other review stations (Planning, Fire, etc) for their specific requirements. **Bring this sheet back when resubmitting.** 

		FORM NUMBER (CIRCLE ONE)	3/8	4/7	5	6	
JOB ADDRESS:							
		al Screening By:		Date:			
		es (Plans, no plans, etc):					
A.	GENERAL						
	1.	Complete appropriate permit application for Filing Fee Receipt No., Permit No., & the application before submitting.		•			
	2.	Two sets of plans on minimum 11" x 17" contrast and micro filmable.	paper.	No penci	il, no g	grid paper, good	
	3.	Preparer's wet signature on all plan sheet					
	4.	Preparer's wet signature on supporting do  Cover sheet of calculations and sp  Signature blocks on forms.		S:			
	5.	Architect or engineer seal and wet signatudate shown).	ıre requi	red on d	ocume	ents (expiration	
	6.	Job address and floor (if applicable) on do					
	7.	A copy of the City "approved" permit approved for reference. (1 set) If not the City "apstamped.		_			
	8.	For "OTI," Office Tenant Improvement C plans. Reference Office Tenant Improve				formation on	
B.	B. PLANS						
	1.	General: Plans shall be drawn to scale (m or illegible) and reproduced on substantia to indicate the location, nature and extent that it will conform to the provisions of all and regulations. Label existing and propodrawings. Include a cover sheet with a list proposed work.	of the wall codes, osed spa	and shall ork prop relevant ces. No	be of posed a laws, stick/s	sufficient clarity and show in detain ordinances, rules single line	
	2.	Plot plan and key plan. (Identify area of		-	ropert	y lines, street and	
=	2	adjacent spaces). Plot plan may be drawn	1 to 1/8"	scale.			
	3.	Architectural Floor Plans:  ☐ The following floors/levels (circle)	2)· 1 <sup>st</sup> 2	nd 3rd	Other	••	
		Separate existing and proposed flore Exiting scheme from the area of results Include occupant load calcs, exit is Path of travel from the public way area of remodel to the restrooms to Disabled Access Requirements see	oor plans emodel t separation to the a hat serve	s. To the pure of the pure of the area of real the area.	blic water the blic was blic was been been blicked by the blicked by the blicked blicked by the blicked blicked blicked blicked by the blicked	ay (street). c. and from the	
	4.	Roof Plan (mechanical ducts, skylights, e					
	5.	Structural Foundation/Framing Plans rela	_			-	
		lateral load carrying systems. Sheet S1 shou			_		
(design live and dead load, seismic base shear or wind, etc.) and special inspection requirements.  Note: for sp. insp. required to use DBI format							

## APPLICATION COMPLETENESS CONTROL SHEET For FORM 3/8, 4/7, 5, 6

	<ul><li>6.</li><li>7.</li><li>8.</li><li>9.</li><li>10.</li><li>11.</li></ul>	Plumbing and Mechanical Floor Plans relating to architectural floor plans.  Include weights and heights of mechanical units and anchorage of equipments.  Electrical floor plans relating to architectural floor plans. (Reflected ceiling plans, lighting, exit signs, plug heights, electrical box separation, etc.)  Sufficient Construction Details. Typical partition details, fire rated construction details (include fastener specifications and source, i.e. UBC tables, UL, Gyp Assoc, etc), drop ceiling details, etc.  Exterior Elevations:  Front Right (facing building front)  Rear Left (facing building front)  Building Sections.  Other
<b>C</b> .	DISA	ABLED ACCESS REQUIREMENTS
Acces		nation to be included ON THE PLANS demonstrating compliance with Disabled sions of Title-24, Part 2, California Code Regulations (CCR):  Entrance and Path of Travel. Indicate door sizes, strike width and lever hardware, threshold, landings, door pressure, kick plate, push and pull clearances.  Stairs and handrails.  Elevators/Lifts (Cab size, elevator phone, call buttons, rails, etc.).  Ramps and Handrails.  Parking Stalls/Walkways and path of travel from parking stalls to area of remodel. Sanitary Facilities (plan, interior elevations and dimensions) and path of travel to facilities from area of remodel.  Public (Pay) Telephone (if provided), T.D.D.  Drinking Fountain (if provided).  Signage.  Visual Alarms.  D.A. Checklist (P.1 and 2).  Disabled Access 20% Rule.  Unreasonable Hardship Request.  Reference plans showing existing conditions for accessibility (2 set wet signed [& stamped if required] by preparer or person certifying or 1 copy of the original City "approved" set that has all the City approval stamps).  Other
D.	SUP	PORTING DOCUMENTS
	1.	Structural Calculations.
	2.	Energy Calculations and Compliance Forms. Check with MECH for exact forms required to be reproduced on the plans.
	3.	Transit Impact Development Fee (TIDF) for new offices only.
	4.	Product Literature with Approved Listing.
	5.	Geotechnical/Soils Report. 2 copies
	6.	Notice of Violations (NOVs).
	7.	Pre-application letter (to be reproduced on the plans).
	8.	Special inspection form (in the required DBI format).
	9.	BAAQMD Asbestos Demolition/Renovation Notification Form, J#.
	10.	BAAQMD Permit Inquiry Cards.
	11.	Notice to Applicant - Sign Posting.
	12.	Affidavit for Lobby Sign.
	13.	Sprinkler Hydraulic Calculations.
	14.	Declaration of Use Limitation.
	15.	SFUSD Certification of Payment.
	16.	Street Space Permit Waiver.
	17.	Service Request Form. (Water Department).
	18.	State Industrial Safety Permit.
	19.	