

San Francisco Fire Department

Airport Fire Marshal Office

648 Westfield Road, 2nd Floor

San Francisco, CA 94128

Phone: (650) 821-7868

Fax: (650) 821-7871

PERMIT APPLICATION

(Hours 8:00 am – 3:30PM Mon-Fri)

- Permit Approval (OK)
- Pending Inspection (PI)
- WDO Required

PERMIT DESCRIPTION: _____

OTHER INFORMATION: Please provide the applicable information for: **LP-gas tanks/containers:** number, weight/gallons; **Flammable/combustible liquid tanks/containers:** content, number, gallons, location; **batteries:** type, gallons, location; **Compressed gas tanks/containers:** content, number, volume; **places of assembly:** maximum approved occupant load; **Tents/membranes:** number, dimensions, occupant load, site plan, floor plan; **events/special places of assembly:** date

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE	SFFD Permit Conditions/Notations:

PERMIT ADDRESS: _____

APPLICANT’S BUSINESS NAME(dba): _____ **TELEPHONE:** _____

PERMIT HOLDER: _____

APPLICANT’S CONTACT/AGENT: _____ **TELEPHONE:** _____

APPLICANT’S BILLING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **FAX:** _____

This application form is not a permit to operate. The application will be reviewed and an inspection to insure compliance with guidelines shall be conducted prior to issuance of permit.

All fire permit applications shall be submitted a minimum of five (5) working days prior to the commencement date of the regulated activity or event.

Applications and filling procedures can be obtained online at <https://sfoconnect.com/airport-fire-marshal-office>
Only the original permit application will be accepted; a fax/email copy is not acceptable. Applications and all required documentation shall be submitted to the Airport Fire Marshal office. It is the applicant’s responsibility to contact the SFO Fire Marshal to schedule an inspection.

I CERTIFY THAT I HAVE READ THE ABOVE STATEMENT OF CONDITIONS AND THAT ALL INFORMATION SUBMITTED IS CORRECT. I AGREE TO COMPLY WITH ALL CITY AND STATE LAWS RELATING TO FIRE PREVENTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE-MENTIONED PERMIT ADDRESS FOR INSPECTION PURPOSES.

Signature of Applicant or Agent

Date

Print name of Applicant or Agent (circle one)

CONTRACTOR NAME: _____ **PHONE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

LICENSED CONTRACTOR'S DECLARATION

I hereby affirm that I am licensed under the provisions of Chapter 9 of the Business and Professional Code and my license is valid).

Licensed Class: _____ **License No.:** _____ **Expiration:** _____

WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Labor Code).

Policy No.: _____ **Company:** _____

Certified copy is hereby furnished.

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 Worker's Compensation Laws of California.

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provisions of the Labor Code, you must comply with such provisions or this permit shall be deemed revoked.

Applicant: _____ **Date:** _____

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Filing Date: _____ **Inspection No.:** _____

Permit ID: _____ **Permit No.:** _____