



FIRE PREVENTION DIVISION
 480 North Canal Street
 South San Francisco, CA 94080
 Office: 650.829.6645
 Fax: 650.877.8537

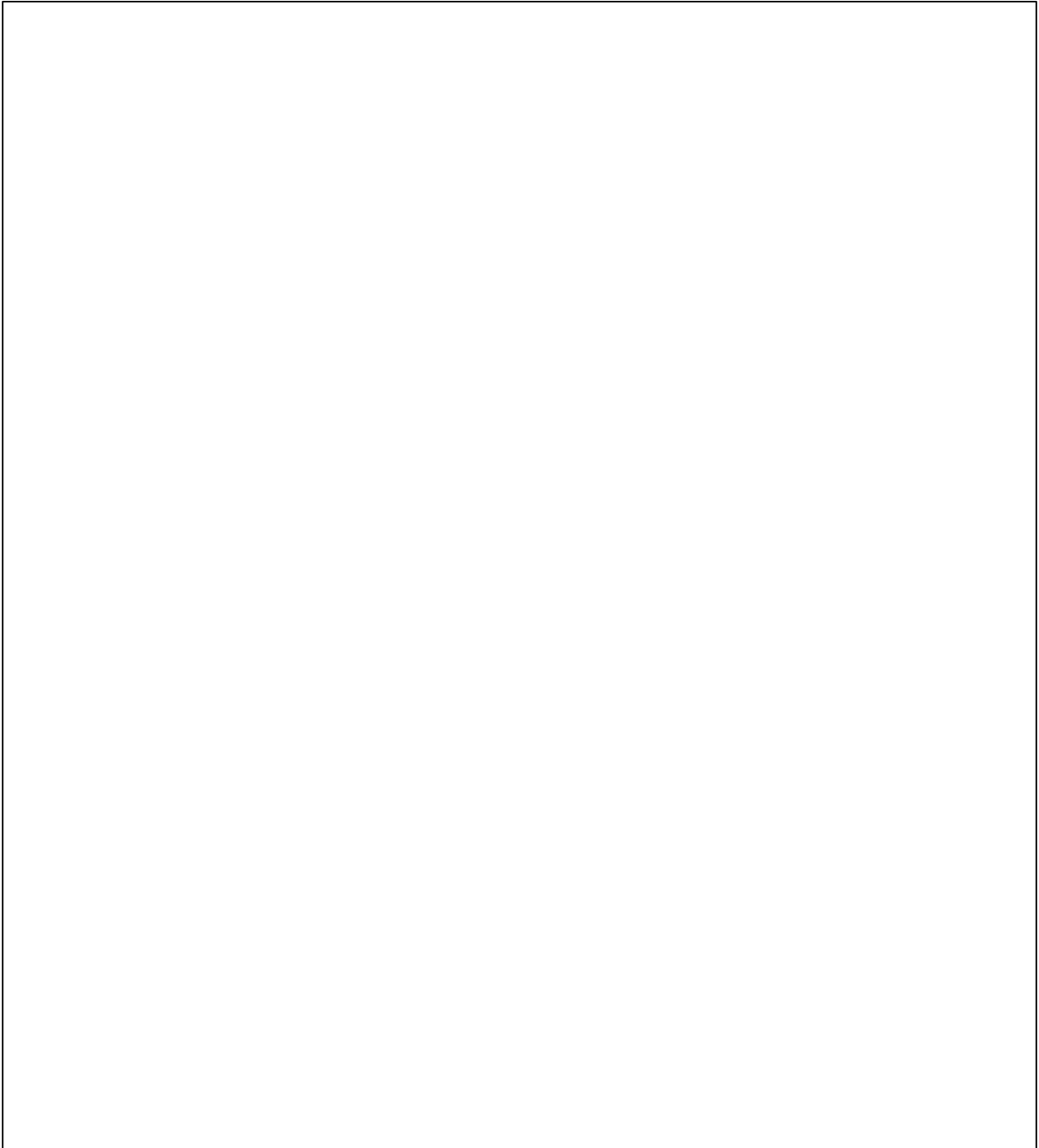
SPECIAL ACTIVITY PERMIT APPLICATION

Site Address		Date		
APN/Parcel #		Permit #		
Type of Permit	<input type="checkbox"/> Hot work <input type="checkbox"/> Tree lot <input type="checkbox"/> Open Flame <input type="checkbox"/> Carnival/Fairs <input type="checkbox"/> Pyrotechnic Display <input type="checkbox"/> Asphalt Kettle <input type="checkbox"/> Tents/Canopies <input type="checkbox"/> Title 19 <input type="checkbox"/> Hydrant <input type="checkbox"/> Other: _____			
	Starting Date and Time	Ending Date and Time		
Duration of Activity				
	Name	Telephone		
Property Owner				
	Street	City	State	Zip
Address				
	Name	Telephone		
Contractor				
	Street	City	State	Zip
Address				
	Name	Telephone		
Applicant				
	Street	City	State	Zip
Address				
	Name	24 Hour-Telephone		
Emergency Contact				

Site Map:

Please provide a Google aerial or street view or an accurate sketch that displays the following:

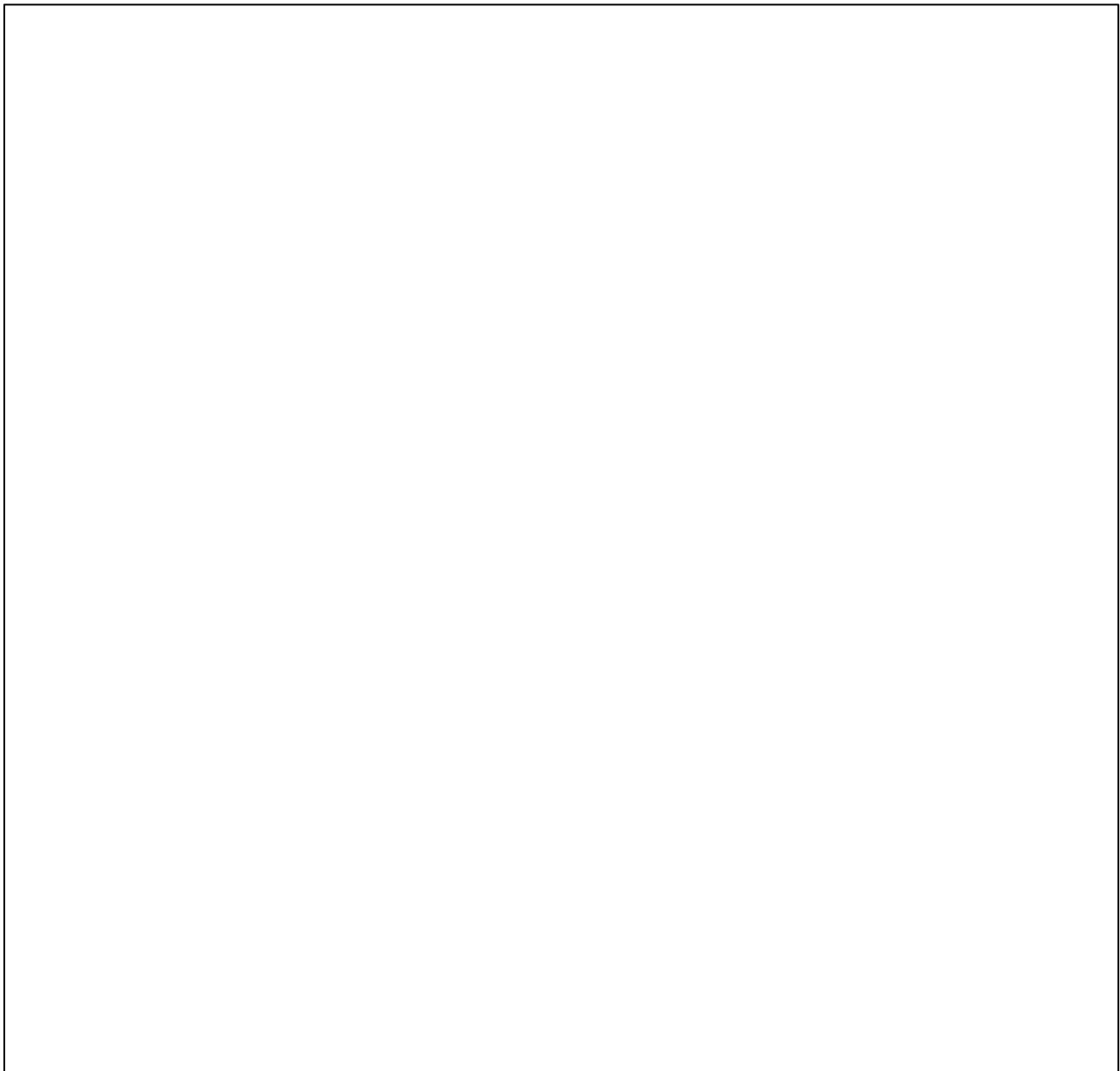
- Compass orientation
- Street and nearest cross street
- Location of nearest fire hydrant
- Driveways/access points to property
- Location of the special activity



Event Layout:

Please provide an accurate sketch that displays the following:

- Tables/Seating/Display/Ride Layout
- Location of Exits (battery back-up emergency exit sign/lighted unit required)
- Location of fire extinguishers (maximum 75' travel distance)
- Location of "No Smoking" signs
- Location of "Maximum Occupancy" sign
- Location of heating devices
- Location of any open flame devices
- Location of any electrical generator
- Location of food preparation or staging area



Property Owner

___ I hereby affirm that I am exempt from the requirement for licensure and/or qualification as required by the Business and Professions Code and any other applicable codes or regulations that govern this special activity

Owner's Signature: _____ Date _____

Contractor

___ I hereby affirm that I am a licensed and/or qualified as required by the Business and Professions Code and any other applicable codes or regulations that govern this special activity, and my license or registration with the appropriate regulatory authority is in full force and effect.

Contractor's State. License. No: _____ City Business License. No: _____

Contractor's Signature: _____ Date: _____

Worker's Compensation

___ 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.

Policy No: _____ Company: _____ (Certified copy is hereby furnished)

___ I certify that in the performance of this special activity for which the permit is issued, I shall not employ any person in any manner so as to become subject to Worker's Compensation Laws of California

Applicant Signature: _____ Date: _____

Applicant

General

___ I certify that I have read this application and state that the above information is correct and understand that this application does not constitute permission to conduct the proposed activities described above.

___ I hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.

___ I understand that this permit, if granted, constitutes permission to maintain, store, use or handle materials, or to conduct processes, or activities which may produce conditions hazardous to life or property, or to install equipment used in connection with such activities. Such permission shall not be construed as authority to violate, cancel or set aside any of the provisions of the California Fire Code. This permit shall not take the place of any license or other permits required by law.

Expiration:

___ I understand that this permit shall continue until revoked or expire on the date listed. Permits shall not be transferable and any change in use, occupancy, operation or ownership shall require a new permit.

Compliance:

___ I understand that the permit applicants and the applicant’s agents and employees shall carry out the proposed activity in compliance with the California Fire Code and other laws or regulations applicable thereto, whether specified or not, and in complete accordance with approved plans and specifications. Permits which purport to sanction a violation of this code or any applicable law or regulation shall be void and approvals of plans and specifications in this issuance of such permits shall likewise be void.

Retention of Permits:

___ I understand that permits shall be kept on the premises designated therein at all times and shall be posted in a conspicuous location on the premises or shall be kept on the premises in a location designated by the Fire Marshal. Permits shall be subject to inspection at all times by an officer of the fire or police department or other persons authorized by the Fire Chief

Revocation of Permits:

___ I understand that the Fire Chief or designated representative is authorized to suspend or revoke a permit when it is determined that:

1. The permit has been issued by a person other than the person to whom the permit was issued,
2. The permit has been used for a location other than that for which it was issued,
3. Any of the conditions or limitations set forth in the permit have been violated,
4. The permittee failed, refused, or neglected to comply with orders or notices duly served in accordance with the provisions of this the California Fire Code or any applicable law or regulation within the time provided therein,
5. There has been a false statement or misrepresentation as to a material fact in the application or plans on which the permit or application was based, or
6. The permit was issued in error or in violation of an ordinance, regulation or the California Fire Code.

Applicant Signature: _____ Date _____

OFFICE USE ONLY

Reviewed by		Date	
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