APPLICATION FOR REVOCABLE TEMPORARY OCCUPANCY PERMIT

(Minimum 3 business days for approval and activation. No exceptions will be allowed.)

SAN FRANCISCO PUBLIC WORKS

Edwin M. Lee
Mayor

Mohammed Nuru
Director

Jerry Sanguinetti
Manager

Street Use and Mapping
1155 Market St., 3rd floor
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tel 415-554-5810

sfpublicworks.org
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BSM PERMIT # _____

PROJECT INFORMATION

Site Address: _____

Name of Event: _____

Start Date: _____Completion Date: _____

Days of Opertation: __M __ T __W __Th __F __ S __Su

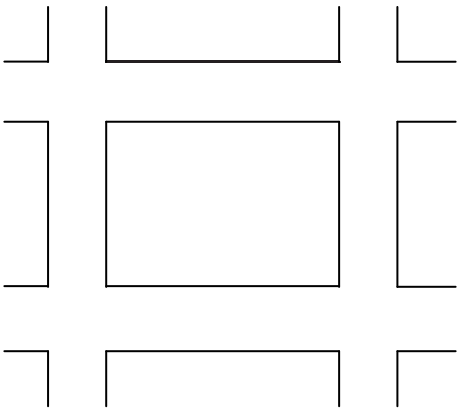
Hours: _____AM PM to _____AM PM

Street(s): _____ LF: _____

Street(s): _____ LF: _____

Street(s): _____ LF: _____

SKETCH LOCATION



List all elements of occupancy: (structural, equipment, materials, storage boxes, etc.):

_____ _____

_____ _____

APPLICANT/AUTHORIZED AGENT INFORMATION

Company Name: _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

SF Business Certificate: _____ License #: _____

ATTACHMENTS:

☐ Endorsed Certificate of Insurance naming the City and County of San Francisco, Bureau of Street Use & Mapping, as additional insured with the Bureau's address as the certificate holder

☐ Street Closure Required (Department of Parking and Traffic permit – Traffic Engineering (415) 701-4500

☐ Food/Cooking (Department of Public Health Permit and SF Fire Department Permit)

☐ Performing Arts (SF Entertainment Commission – Loud Speaker Permit for Amplification)

☐ Night Noise

☐ Mobile Food – Single Day Event

☐ Other _____

The permittee hereby agrees to comply with all requirements noted on the reverse side of this application.

_____ _____

Signature of Applicant/Authorized Agent **Date**