

Eagle Club Indoor Golf
555 Howard Street, Suite 102
San Francisco, CA 94105
415-795-4145

Office of the Zoning Administrator
1650 Mission Street, Suite 400
San Francisco, CA 94103

March 17, 2017

Dear Zoning Administrator,

We are writing this letter to request a letter of determination for the property located at 1060 Bryant St, San Francisco, CA 94103, Block/Lot: 3757/030 and whether general retail use is permitted without a conversion from PDR under Proposition X.

According to a permit from 1995, there was a retrofit for commercial and retail sales for a proposed use of auto electronic sales and install. All permits after indicate retail sales use.

Our proposed use is an indoor driving range, golf retail, club repair, beer/wine service, and food – or general retail use. Please feel free to contact us at 415-795-4145 or by email, michael@eagleclubig.com

Sincerely,



Michael Sharratt

President, Eagle Club Indoor Golf

415-795-4145

michael@eagleclubig.com

R# 2017-003728ZAD

CK #1222 \$ 664. -

R. SUCRE (SE)

3/29/2017 = WITHDRAWN
BY MICHAEL

Eagle Club Indoor Golf
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San Francisco, CA 94105
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Sincerely,



Michael Sharratt

President, Eagle Club Indoor Golf

415-795-4145

michael@eagleclubig.com

OFFICIAL COPY

SAN FRANCISCO

DEPARTMENT OF BUILDING INSPECTION
APPROVED
DEC 28 1995

PERMIT CONTROL					ACTIVE COMPLAINTS NONE <input type="checkbox"/> H <input type="checkbox"/> D <input type="checkbox"/> CED/PCD <input type="checkbox"/> BID <input type="checkbox"/> DCP <input type="checkbox"/> OTHER: <u>4-2-96</u>								
STATION	H	C	B	D	BBI PC CHECK ONE								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CNT-PC	PAD-PC	PAD-MAJ	SSS	PARAPET	F	B	H	R
SEQ													
ACCEPTED													
APPROVED*													
DATE	11-15-95				11-15-95								
CHECK APPLICABLE: <input type="checkbox"/> PARALLEL <input type="checkbox"/> SITE PENALTY <input type="checkbox"/> 9X <input type="checkbox"/> 2X <input type="checkbox"/> TITLE 24 - HC <input type="checkbox"/> TIDF <input type="checkbox"/> EXPEDITOR <input type="checkbox"/> SFUSD <input type="checkbox"/> BLDG ENLARGEMENT (STAMP APPL) <input type="checkbox"/> HAZARDOUS MATERIAL					BBI KEY: RESID = CNT-PC NON-RESID = PAD-PC NEW/MAJOR = PAD-MAJ UMB = SSS								
COMMENT:					*SIGN APPL								

BLDG FORM 378
09519486
APPLICATION NUMBER

APPLICATION FOR BUILDING PERMIT
ADDITIONS, ALTERATIONS OR REPAIRS

FORM 3 OTHER AGENCIES REVIEW REQUIRED

FORM 8 OVER-THE-COUNTER ISSUANCE

2 + ENERPH.
NUMBER OF PLAN SETS

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF BUILDING INSPECTION

OFFICE COPY

APPLICATION IS HEREBY MADE TO THE DEPARTMENT OF BUILDING INSPECTION OF SAN FRANCISCO FOR PERMISSION TO BUILD IN ACCORDANCE WITH THE PLANS AND SPECIFICATIONS SUBMITTED HERewith AND ACCORDING TO THE DESCRIPTION AND FOR THE PURPOSE HEREINAFTER SET FORTH.

OSHA APPROVAL REQD
APPROVAL NUMBER:

DATE FILED	FILING FEE RECEIPT NO.	(1) STREET ADDRESS OF JOB	BLOCK & LOT
11/15/95	267735	1060 BRYANT STREET	6276, LOT 30
PERMIT NO.	ISSUED	(A) ESTIMATED COST OF JOB	(B) REVISED COST
785093	12-28-95	\$60,000.00	90,000 N/E 12-21-95

INFORMATION TO BE FURNISHED BY ALL APPLICANTS

DESCRIPTION OF EXISTING BUILDING								
(4A) TYPE OF CONSTR.	(5A) NO. OF STORIES OF OCCUPANCY	(6A) NO. OF BASEMENTS AND CELLARS	(7A) PRESENT USE	(8A) OCCUP. CLASS	(9A) NO. OF DWELLING UNITS			
V-N	2	2	VACANT/UNDERGOING RETROFIT/COMMERCIAL/RETAIL SALES	B-2 RxxRxx	NA			
DESCRIPTION OF BUILDING AFTER PROPOSED ALTERATION								
(4) TYPE OF CONSTR.	(5) NO. OF STORIES OF OCCUPANCY	(6) NO. OF BASEMENTS AND CELLARS	(7) PROPOSED USE (LEGAL USE)	(8) OCCUP. CLASS	(9) NO. OF DWELLING UNITS			
V-N	2	2	AUTO ELECTRONICS SALES & INSTALLATION	B-2 & B-1	NA			
(10) IS AUTO RUNWAY TO BE CONSTRUCTED OR ALTERED?	(11) WILL STREET SPACE BE USED DURING CONSTRUCTION?	(12) ELECTRICAL WORK TO BE PERFORMED?	(13) PLUMBING WORK TO BE PERFORMED?					
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>					
(14) GENERAL CONTRACTOR		ADDRESS		PHONE	CALIF. LIC. NO.	EXPIRATION DATE		
MARGULIS CONSTRUCTION, INC.		1122 DEL PASO BLVD. #100		916-648-5501	369268	02/28/97		
(15) OWNER/LESSEE (CROSS OUT ONE)		ADDRESS		ZIP	PHONE (FOR CONTACT BY DEPT.)			
MOBILWORKS		8252 CLAIREMONT MESA BLVD, SUITE B		92111	619-576-9800		EXT # 220	
(16) WRITE IN DESCRIPTION OF ALL WORK TO BE PERFORMED UNDER THIS APPLICATION (REFERENCE TO PLANS IS NOT SUFFICIENT)								
INTERIOR IMPROVEMENT TO EXISTING 3,360 SF ONE STORY (MEZZANINE) CLOSED								
IN MAKING A SECOND STORY STOCK ROOM (909 SF.) SALES & DISPLAY AREA 1,255 SF B-2 OCCUPANCY. INSTALLATION AREA 2,708 SF.								
BUILDING IS UNDER SEPARATE PERMIT AND WORK IS TAKING PLACE ON OVERALL BUILDING UPGRADE FOR EARTHQUAKE ADA ETC.								
9506181								
ADDITIONAL INFORMATION - FORM 3 APPLICANTS ONLY								
(17) DOES THIS ALTERATION CREATE ADDITIONAL STORY TO BUILDING?	(18) IF YES, STATE NEW HEIGHT AT CENTER LINE OF FRONT INTERIOR FT.	(19) DOES THIS ALTERATION CREATE DECK OR HORIZ. EXTENSION TO BUILDING?	(20) IF YES, STATE NEW GROUND FLOOR AREA	(21) WILL SIDEWALK OVER SUB-SIDEWALK SPACE BE REPAIRED OR ALTERED?	(22) WILL BUILDING EXTEND BEYOND PROPERTY LINE?	(23) ANY OTHER EXISTING BLDG. ON LOT (IF YES, SHOW ON PLOT PLAN)	(24) DOES THIS ALTERATION CONSTITUTE A CHANGE OF OCCUPANCY?	SO. FT.
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOTALLY CLOSED IN	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NA	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	B-1 B-2	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
(25) ARCHITECT OR ENGINEER (DESIGN) CONSTRUCTION		ADDRESS		PHONE		CALIF. CERTIFICATE NO.		
DESIGNTECH		2635 CAMINO DEL RIO SOUTH #310 SAN DIEGO, CA 92108		619-295-6987		C-042010		
(26) CONSTRUCTION LENDER (ENTER NAME AND BRANCH DESIGNATION IF ANY, IF THERE IS NO KNOWN CONSTRUCTION LENDER, ENTER "UNKNOWN").								
NA								

IMPORTANT NOTICES

No change shall be made in the character of the occupancy or use without first obtaining a Building Permit authorizing such change. See San Francisco Building Code and San Francisco Housing Code.

No portion of building or structure or scaffolding used during construction, to be closer than 6'0" to any wire containing more than 750 volts. See Sec. 385, California Penal Code.

Pursuant to San Francisco Building Code, the building permit shall be posted on the job. The owner is responsible for approved plans and application being kept at building site.

Grade lines as shown on drawings accompanying this application are assumed to be correct. If actual grade lines are not the same as shown revised drawings showing correct grade lines, cuts and fills together with complete details of retaining walls and wall footings required must be submitted to this department for approval.

ANY STIPULATION REQUIRED HEREIN OR BY CODE MAY BE APPEALED.

BUILDING NOT TO BE OCCUPIED UNTIL CERTIFICATE OF FINAL COMPLETION IS POSTED ON THE BUILDING OR PERMIT OF OCCUPANCY GRANTED, WHEN REQUIRED.

APPROVAL OF THIS APPLICATION DOES NOT CONSTITUTE AN APPROVAL FOR THE ELECTRICAL WIRING OR PLUMBING INSTALLATIONS. A SEPARATE PERMIT FOR THE WIRING AND PLUMBING MUST BE OBTAINED. SEPARATE PERMITS ARE REQUIRED IF ANSWER IS 'YES' TO ANY OF ABOVE QUESTIONS (10) (11) (12) (13) (22) OR (24).

THIS IS NOT A BUILDING PERMIT. NO WORK SHALL BE STARTED UNTIL A BUILDING PERMIT IS ISSUED.

In dwellings all insulating materials must have a clearance of not less than two inches from all electrical wires or equipment.

CHECK APPROPRIATE BOX

OWNER ARCHITECT ENGINEER
 LESSEE AGENT WITH POWER OF ATTORNEY
 CONTRACTOR ATTORNEY IN FACT

NOTICE TO APPLICANT

HOLD HARMLESS CLAUSE: The permittee(s) by acceptance of the permit, agree(s) to indemnify and hold harmless the City and County of San Francisco from and against any and all claims, demands and actions for damages resulting from operations under this permit, regardless of negligence of the City and County of San Francisco, and to assume the defense of the City and County of San Francisco against all such claims, demands or actions.

In conformity with the provisions of Section 3800 of the Labor Code of the State of California, the applicant shall have coverage under (I), or (II) designated below or shall indicate item (III), or (IV), or (V), whichever is applicable. If however item (V) is checked item (IV) must be checked as well. Mark the appropriate method of compliance below:

I hereby affirm under penalty of perjury one of the following declarations:

() I. I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

() II. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier _____
Policy Number _____

() III. The cost of the work to be done is \$100 or less.

() IV. 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 workers' compensation laws of California. I further acknowledge that I understand that in the event that I should become subject to the workers' compensation provisions of the Labor Code of California and fail to comply therewith with the provisions of Section 3800 of the Labor Code, that the permit herein applied for shall be deemed revoked.

() V. I certify as the owner (or the agent for the owner) that in the performance of the work for which this permit is issued, I will employ a contractor who complies with the workers' compensation laws of California and who, prior to the commencement of any work, will file a completed copy of this form with the Central Permit Bureau.

APPLICANT'S CERTIFICATION

I HEREBY CERTIFY AND AGREE THAT IF A PERMIT IS ISSUED FOR THE CONSTRUCTION DESCRIBED IN THIS APPLICATION, ALL THE PROVISIONS OF THE PERMIT AND ALL LAWS AND ORDINANCES THERETO WILL BE COMPLIED WITH.

9003-03 (REV. 2/95)

Signature: Greg Hatfield
Date: NOVEMBER 15, 1995
GREG HATFIELD, DEVELOPMENT CONSULTANT

OFFICIAL COPY

SAN FRANCISCO

CONDITIONS AND STIPULATIONS

DEPARTMENT OF BUILDING INSPECTION

FOR CONTACT DISTRICT INSPECTOR NAMED ON FACE OF APPLICATION AT START OF WORK (TELEPHONE NO. 558-6096). THIS APPLICATION IS APPROVED WITHOUT SITE INSPECTION AND DOES NOT CONSTITUTE AN APPROVAL OF THE BUILDING WORK AUTHORIZED MUST BE DONE IN STRICT ACCORDANCE WITH ALL APPLICABLE CODE.

Any electrical or plumbing work will require appropriate separate permits.

[Signature] 12-21-95
BUILDING INSPECTOR DEPT. OF BLDG. INSP.

DATE: _____
REASON: _____
NOTIFIED MR. _____

APPROVED: *for work shown only.*

APPROVAL OF THIS APPLICATION APPLIES TO SPECIFIED WORK ONLY AND DOES NOT CONSTITUTE AN APPROVAL OF THE BUILDING OR USE UNDER THE CITY PLANNING CODE. **CATEGORICALLY EXEMPT FROM ENVIRONMENTAL REVIEW**

L. James Miller 11-15-95
DEPARTMENT OF CITY PLANNING *11/29/95*

DATE: _____
REASON: _____
NOTIFIED MR. _____

APPROVED: *NA AKD13*



BUREAU OF FIRE PREVENTION & PUBLIC SAFETY

DATE: _____
REASON: _____
NOTIFIED MR. _____

APPROVED:

CIVIL ENGINEER, DEPT. OF BLDG INSPECTION

DATE: _____
REASON: _____
NOTIFIED MR. _____

APPROVED:

BUREAU OF ENGINEERING

DATE: _____
REASON: _____
NOTIFIED MR. _____

APPROVED:

DEPARTMENT OF PUBLIC HEALTH

DATE: _____
REASON: _____
NOTIFIED MR. _____

APPROVED:

REDEVELOPMENT AGENCY

DATE: _____
REASON: _____
NOTIFIED MR. _____

Albert Lane 12/22/95
HOUSING INSPECTOR DIVISION

DATE: _____
REASON: _____
NOTIFIED MR. _____

I agree to comply with all conditions or stipulations of the various bureaus or departments noted on this application, and attached statements of conditions or stipulations, which are hereby made a part of this application.

Number of attachments

[Signature]
OWNER'S AUTHORIZED AGENT

THIS SECTION - NOT TO BE FILLED IN UNLESS ALL PREVIOUS NOTIFIED BUREAUS PROCESSING

ADDRESS OF JOB		BLOCK/LOT	APPLICATION NO.		
1060	BRYANT	ST	3757 /030	9707379	
OWNER NAME			TELEPHONE		
YIP PAK LING & SAU FUN			586-0500		
ESTIMATED COST	FILE DATE	DISPOSITION	DISPOSITION DATE	PERMIT NO	EXPIRE DATE
\$1	4/24/97	ISSUED	04/24/97	820090	08/24/97
FORM CONST. TYPE	OCCUPANCY CODES	PLANS	STORIES	UNITS	DISTRICT
8 5	B		0	2	BID-INSP 03
CONTACT NAME				TELEPHONE	
C C T CONSTRUCTION				601-9237	
STANDARD DESCRIPTION/BLDG. USE			OTHER DESCRIPTION		
RETAIL SALES			RENEW EXPIRED APPL #9519486		
SPECIAL INSPECTIONS?	NO	FIRE ZONE			
SPECIAL USE DISTRICT		TIDF	NO	COMPLIANCE WITH REPORTS	
		PENALTY	NO		
NOTES:					
PERMIT INSPECTION RECORD DEPARTMENT OF PUBLIC WORKS CITY AND COUNTY OF SAN FRANCISCO BUILDING INSPECTION JOB CARD					
9003-15					

DEPT OF BUILDING INSPECTION

APPROVED
Dept of Building Insp.

JUN 01 1999

DIRECTOR
DEPT OF BUILDING INSPECTION

APPROVED FOR ISSUANCE
JUN 01 1999

BUILDING PERMIT
3/8

APPLICATION NUMBER
09910792

OSHA APPROVAL REQUIRED
APPROVAL NUMBER:

APPLICATION FOR BUILDING PERMIT
ADDITIONS, ALTERATIONS OR REPAIRS

FORM 3 OTHER AGENCIES REVIEW REQUIRED

FORM 4 OVER-THE-COUNTER ISSUANCE

2 TPCT WC 4-1-2000
NUMBER OF PLAN SETS

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF BUILDING INSPECTION
OFFICE COPY
APPLICATION IS HEREBY MADE TO THE DEPARTMENT OF BUILDING INSPECTION OF SAN FRANCISCO FOR PERMISSION TO BUILD IN ACCORDANCE WITH THE PLANS AND SPECIFICATIONS SUBMITTED HERewith AND ACCORDING TO THE DESCRIPTION AND FOR THE PURPOSE HEREINAFTER SET FORTH.

DATE FILED 6-1-99	PLUMBING PERMIT RECEIPT NO.	(1) STREET ADDRESS OF JOB 1060 BRYANT ST.	BLOCK & LOT 3757/03D
PERMIT NO. 880159	ISSUED 6-1-99	(2A) ESTIMATED COST OF JOB 5,000	(2B) REVISED COST:

INFORMATION TO BE FURNISHED BY ALL APPLICANTS							
LEGAL DESCRIPTION OF EXISTING BUILDING							
(A) TYPE OF CONSTR. SN	(B) NO. OF STORIES OF OCCUPANCY 2	(C) NO. OF BAYMENTS AND COLLARS 0	(D) PRESENT USE MOTOR CYCLE RESTAURANT	(E) OCCUP. CLASS B	(F) NO. OF DWELLING UNITS 0		
DESCRIPTION OF BUILDING AFTER PROPOSED ALTERATION							
(A) TYPE OF CONSTR. SN	(B) NO. OF STORIES OF OCCUPANCY 2	(C) NO. OF BAYMENTS AND COLLARS 0	(D) PROPOSED USE (LEGAL USE) MOTOR CYCLE RESTAURANT	(E) OCCUP. CLASS B	(F) NO. OF DWELLING UNITS 0		
(10) IS THIS BUILDING TO BE CONSTRUCTED OR ALTERED?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(11) WILL STREET SPACE BE USED DURING CONSTRUCTION?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(12) IS STRUCTURAL WORK TO BE PERFORMED?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(13) IS PLUMBING WORK TO BE PERFORMED?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
(14) GENERAL CONTRACTOR Jims Home Repair	ADDRESS 8696 OAK GROVE AVE	CITY SAN FRANCISCO	STATE CA	ZIP 94127	PHONE 538859	CALIF. LIC. NO. 2001	DEFINITION NO.
(15) OWNER - LESSEE (FURNISH OUT ONE)	ADDRESS EAGLE RIDGE	CITY SAN FRANCISCO	STATE CA	ZIP 94103	PHONE 888 390 6400		
THE ABOVE IS DESCRIPTION OF ALL WORK TO BE PERFORMED UNDER THIS APPLICATION (SEE CHECK LIST) AND IS NOT SUBJECT TO							
DETAIL AREA / SINK INSTALL / WATER HEATER / T.BAR CEILING REMOVAL / REVISION TO PA 9514486 & 9907979							
ADDITIONAL INFORMATION							
(17) DOES THIS ALTERATION CREATE ADDITIONAL HEIGHT OR STORY TO BUILDING?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(18) IF (17) IS YES, STATE NEW HEIGHT AT CENTER LINE OF FRONT	NO FT.	(19) DOES THIS ALTERATION CREATE DECK OR PORCH EXTENSION TO BUILDING?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(20) IF (19) IS YES, STATE NEW GROUND FLOOR AREA	NO SQ. FT.
(21) WILL SIDEWALK OVER SUB-SIDEWALK SPACE BE REPAIRED OR ALTERED?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(22) WILL BUILDING EXTEND BEYOND PROPERTY LINE?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(23) ANY OTHER EXISTING BLDG. ON LOT? IF YES, SHOW ON PLOT PLAN	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(24) DOES THIS ALTERATION CONSTITUTE A CHANGE OF OCCUPANCY?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
(25) ARCHITECT OR ENGINEER (DESIGN OR CONSTRUCTION)	Jims Home Repair		8696 OAK GROVE		CALIF. CERTIFICATE NO.		
(26) CONSTRUCTION LEADER (ENTER NAME AND BRANCH IF KNOWN)	NONE		ADDRESS				

IMPORTANT NOTICES

No change shall be made in the character of the occupancy or use without first obtaining a Building Permit authorizing such change. See San Francisco Building Code and San Francisco Housing Code.

No portion of building or structure or scaffolding used during construction, to be closer than 6'0" to any wire containing more than 750 volts. See Sec. 385, California Penal Code.

Pursuant to San Francisco Building Code, the building permit shall be posted on the job. The owner is responsible for approved plans and application being kept at building site.

Grade lines as shown on drawings accompanying this application are assumed to be correct. If actual grade lines are not the same as shown revised drawings showing correct grade lines, cuts and fills together with complete details of retaining walls and well footings required must be submitted to this department for approval.

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In dwellings all insulating materials must have a clearance of not less than two inches from all electrical wires or equipment.

CHECK APPROPRIATE BOX
 OWNER ARCHITECT
 LESSEE AGENT
 CONTRACTOR ENGINEER

APPLICANT'S CERTIFICATION

I HEREBY CERTIFY AND AGREE THAT IF A PERMIT IS ISSUED FOR THE CONSTRUCTION DESCRIBED IN THIS APPLICATION, ALL THE PROVISIONS OF THE PERMIT AND ALL LAWS AND ORDINANCES THERE TO WILL BE COMPLIED WITH.

8003-03 (REV. 199)

NOTICE TO APPLICANT

HOLD HARMLESS CLAUSE: The permittee(s) by acceptance of the permit, agree(s) to indemnify and hold harmless the City and County of San Francisco from and against any and all claims, demands and actions for damages resulting from operations under this permit, regardless of negligence of the City and County of San Francisco, and to assume the defense of the City and County of San Francisco against all such claims, demands or actions.

In conformity with the provisions of Section 3800 of the Labor Code of the State of California, the applicant shall have coverage under (I), or (II) designated below or shall indicate item (III), or (IV), or (V), whichever is applicable. If however item (V) is checked item (IV) must be checked as well. Mark the appropriate method of compliance below:

I hereby affirm under penalty of perjury one of the following declarations:

() I. I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

(X) II. I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:
 Carrier: STATS FUND exp
 Policy Number: 15126 24/91

() III. The cost of the work to be done is \$100 or less.

() IV. 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 workers' compensation laws of California. I further acknowledge that I understand that in the event that I should become subject to the workers' compensation provisions of the Labor Code of California and fail to comply therewith with the provisions of Section 3800 of the Labor Code, that the permit herein applied for shall be deemed revoked.

() V. I certify as the owner (or the agent for the owner) that in the performance of the work for which this permit is issued, I will employ a contractor who complies with the workers' compensation laws of California and who, prior to the commencement of any work, will file a completed copy of this form with the Central Permit Bureau.

Signature of Applicant or Agent: Jims Home Repair Date: _____