



APPLICATION FOR A REVOCABLE TEMPORARY OCCUPANCY PERMIT

Location of Event: _____

Name of Event: _____

Occupancy Information:Starting: 05 / 16 / 09 Time: _____Removal: 05 / 16 / 09 Time: _____

Street(s): _____ Linear feet: _____

_____ Linear feet: _____

_____ Linear feet: _____

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

Sidewalk sale 2x6 tables**SKETCH OF LOCATION**Indicate location with an (X) in above sketch.
Label street names and cross streets.**Applicant Information**

Name of Company: _____

Contact Person: _____

Address: _____

Phone: _____

City, State, Zip: _____

Fax: _____

Please Check All That Apply:

- ☐ Endorsed Certificate of Insurance naming the *City and County of San Francisco* 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 (*SFPD* sound permit for amplification)


☒ Other Small Business Week Sidewalk Sale Event

THE PERMITTEE HEREBY AGREES TO COMPLY WITH ALL REQUIREMENTS
NOTED ON THE REVERSE SIDE OF THIS APPLICATION

Signature of Applicant _____

Date _____

INSTRUCTIONS FOR OBTAINING A REVOCABLE TEMPORARY OCCUPANCY PERMIT

- **COMPLETE** the application on reverse side.
- **MINIMUM OF 72-HOURS** in advance for processing and tow-away registration
-  Submit a detailed space layout plan showing path of travel; **4-foot minimum in residential and 6-foot minimum in commercial areas**
- Submit a non-refundable fee **PER DAY PER BLOCK FACE**, event and location. The fee may vary at the discretion of DPW. **(SEE FEE SCHEDULE)** Make checks payable to the Department of Public Works. We also accept cash and credit card payments, VISA or MC only.
- Submit a Certificate of Insurance for general liability coverage of not less than \$1 million, **endorsing** the *City and County of San Francisco* as additional insured with the Bureau's address as the certificate holder.
- For any ISCOTT approved street closure permits, a copy will be needed at the time of issuance
- All submitted plans, applications, and attachments shall comply with all rules, regulations and guidelines set forth by *DPW Order No. 165,716*.
- If occupying the right-of-way at night, a Night Noise permit is required in conjunction with other DPW permits. (See Night Noise requirements)

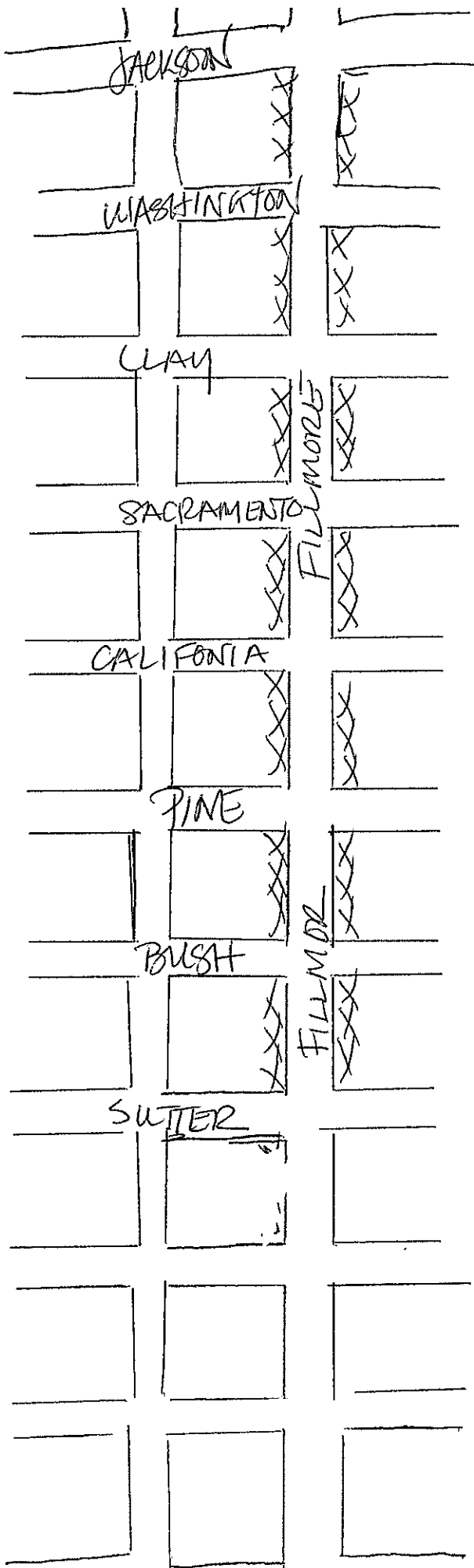
Submit all of the above with this application to:

Department of Public Works
Bureau of Street-Use and Mapping
875 Stevenson St., Room 460
San Francisco, CA 94103
(415) 554-5810 telephone
(415) 554-6161 fax

Fax or Mail to Regina:

Regina Dick-Endrizzi
OFFICE OF SMALL BUSINESS
CITY HALL, RM 110
1 CARLTON B. Goodlett Place
SAN FRANCISCO, CA 94102

Fax: 415-558-7844



SAMPLE
MAP