



BSM Permit #	
Invoice #	
Amount Due:	
For Official Use Only	

Street-Use and Mapping

T. 628.271.2000 | 49 South Van Ness Ave. 3rd Floor, San Francisco, CA 94103

APPLICATION FOR STREET SPACE REQUEST

To submit online application, please go to <https://bsm.sfdpw.org/streetspacerequest/NewRequest.aspx>.

Pursuant to Ordinance 180-02 approved by the Board of Supervisors on August 29, 2002, Public Works Code, Article 15, Section 724, is amended regarding the use of street space for construction. You may not legally occupy the space under the permit until a Street Occupancy meeting has been conducted and the agreement signed by the applicant. A Street Inspector will verify the "No Parking" sign and Placard are properly posted.

SITE INFORMATION

Project Address: _____

Street Frontage 1: _____ LF: _____

Street Frontage 2: _____ LF: _____

Street Frontage 3: _____ LF: _____ Total LF: _____

Start Date (Tentative): _____

Duration (Months): (check one) 1 2 3 4 5 6

1-2 month permits require a minimum 5 business days to start tow-away activation
3-6 months will require a minimum 10 business days to start tow-away activation

Note: A contractor parking plan may be required in residential & mix-use zones for duration (3) months or longer and multiple spaces.

Tow-Away Days: (check applicable)	<input type="checkbox"/> M	<input type="checkbox"/> TU	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	<input type="checkbox"/> SA	<input type="checkbox"/> SU
Tow-Away Times:	_____ AM to _____ PM					<input type="checkbox"/> Need 24/7 Request	

Are there SFMTA parking meters on this street? (check one) YES NO

Note: Additional fees may apply for spaces in SFMTA metered locations.

If yes, how many linear feet? _____ If yes, for how many total days? _____

SCOPE OF WORK (select applicable)

Building Construction: Approved/Issued Building Permit #: _____

Sidewalk Repair: Total Square Footage (sqft) to be replaced: _____
No curb or driveway work. **Note: An authorized letter from property owner is required.**

Scaffolding Debris Box Portable Toilet

Other (please specify): _____

Renewal # (check applicable boxes above): _____

APPLICANT/AUTHORIZED AGENT INFORMATION

Company: _____ Contact Name: _____

E-mail: _____ Office Number: _____

Emergency 24/7 Contact Number (check one):

Work Mobile Other _____

Applicant Name

Signature of Applicant/Authorized Agent

Date

COMPLETE AND SUBMIT THE APPLICATION EITHER IN PERSON OR THROUGH EMAIL



IN PERSON

San Francisco Public Works, **Permit Center**, Bureau of Street-Use & Mapping, 49 South Van Ness Ave. Suite 200
Processing Hours: Please visit <https://sf.gov/location/permit-center>
for operating hours of the Permit Center. **Closed on official holidays**



EMAIL

Electronic copies (PDF) of the application materials may be sent to: BSMPermitDivision@sfdpw.org