

# APPLICATION FOR Preliminary Project Assessment

## 1. Owner/Applicant Information

PROPERTY OWNER'S NAME:		
ADDRESS:	ZIP CODE:	TELEPHONE: (    )
PROPERTY OWNER'S EMAIL:		

APPLICANT'S NAME:		
<input type="checkbox"/> Same as Above		
ADDRESS:	ZIP CODE:	TELEPHONE: (    )
APPLICANT'S EMAIL:		

CONTACT FOR PROJECT INFORMATION:		
Same as: <input type="checkbox"/> Owner <input type="checkbox"/> Applicant		
ADDRESS:	ZIP CODE:	TELEPHONE: (    )
CONTACT PERSON EMAIL:		

## 2. Location and Classification

STREET ADDRESS OF PROJECT:		ZIP CODE:
CROSS STREETS:		

ASSESSORS BLOCK/LOT(S):	LOT DIMENSIONS:	LOT AREA (SQ FT):
ZONING DISTRICT:	HEIGHT/BULK DISTRICT:	TOTAL OF ALL STREET FRONTAGES:

## 3. Reason for Submittal

- Creation of 7+ Dwelling Units  
  Change of Use >25,000 gsf  
  New Construction Non-Residential  
 Non-Residential Addition >10,001 gsf  
  School  
  Other: \_\_\_\_\_

## 4. Project Description

Please Check All That Apply:

- New Construction  
  Demolition  
  Change of Use  
  Alterations  
  Other: \_\_\_\_\_

**Additions to Building(s):**  
 Rear  
 Front  
 Height  
 Side Yard  
 Other: \_\_\_\_\_

Present or Previous Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Request a meeting with PPA planner(s)?  
 YES  
 NO

Will the project include a request for density bonus under the State Density Bonus Law?  
 YES  
 NO

If yes, you are **required** to provide a Project Description and a Project Summary Table for both the base (Planning Code-compliant) project and the bonus project.

5. Project Description continued...

Description of general scope of work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Project Summary Table

If you are not sure of the eventual size of the project, provide the maximum estimates.

**Please attach an additional sheet with project features that are not included in this table.**

	EXISTING	NET NEW	TOTALS
<b>GROSS SQUARE FOOTAGE (GSF)</b>			
Residential			
Commercial/Retail			
Office			
Industrial/PDR <i>Production, Distribution, &amp; Repair</i>			
Parking			
Usable Open Space			
Public Open Space			
Other ( )			
TOTAL GSF			
	EXISTING	NET NEW	TOTALS
<b>PROJECT FEATURES (Units or Amounts)</b>			
Dwelling Units - Market Rate			
Dwelling Units - Affordable			
Commercial Storefronts			
Hotel Rooms			
Parking Space(s)			
Loading Space(s)			
Car Share Space(s)			
Bicycle Spaces - Class 1			
Bicycle Spaces - Class 2			
Number of Buildings			
Number of Stories			
Height of Building(s)			
Usable Open Space(s)			
Public Open Space(s)			
Public Art			
Other ( )			

## 7. Additional Project Information

Please answer each question to the best of your ability. If the answer is unknown, please state so and provide a brief explanation. Please note that providing more information about the proposed project may result in additional and/or more detailed feedback from the Department.

1. Is the project related to a larger project, series of projects, or program previously reviewed or currently under review?  YES  NO

If yes, provide record number(s) and description.

2. Would the project involve a major alteration of a structure constructed 45 or more years ago or a structure in a historic district?  YES  NO

3. Would the project involve demolition of a structure constructed 45 or more years ago or a structure located in a historic district?  YES  NO

4. Would the project result in excavation or soil disturbance/modification?  YES  NO

If yes, please provide the following:

Depth of excavation/disturbance below grade (in feet): \_\_\_\_\_

Area of excavation/disturbance (in square feet): \_\_\_\_\_

Amount of excavation (in cubic yards): \_\_\_\_\_

What type of foundation would be used (if known)? **Deep foundation system, pile and grade beams**

5. Is the project site located on the Maher map or suspected of containing hazardous materials (based on a previous use such as gas station, auto repair, dry cleaners, or heavy manufacturing, or a site with underground storage tanks)?  YES  NO

If yes, would the project involve change of use from industrial to commercial and/or residential use(s)?  YES  NO

6. Would the project impact any public property or right(s)-of-way?  YES  NO

7. Does the project front a street segment in the Vision Zero Network?  YES  NO

8. Is the project in a Community Plan Area (for example, Market/Octavia)?  YES  NO  
If yes, please identify the area.

9. Does the subject property for the proposed project include **any** of the following:  YES  NO

- greater than 1/2 acre in total area; or
- contain 250 feet of total lot frontage on one or more publicly-accessible rights-of-way; or
- frontage encompassing the entire block face between the nearest two intersections with any other publicly-accessible rights-of-way.

10. Does the project scope include **any** of the following:  YES  NO

- new construction;
- addition of 20% or more of gross floor area to an existing building; or
- alteration to greater than 50% of the existing square footage of a building

# Applicant's Affidavit, Acknowledgement and Signature

Under penalty of perjury the following declarations are made:

- a) The undersigned is the owner or authorized agent of the owner of this property.
- b) The information presented is true and correct to the best of my knowledge.
- c) All items submitted meet all applicable requirements for quality and content.
- d) Other information or applications may be required.

By signing below, I acknowledge:

That I have read and completed this form in its entirety; that I understand that receipt of these materials by the Department does not mean that the application has been accepted as complete.

  
\_\_\_\_\_  
Signature

**Marie Debor**  
\_\_\_\_\_  
Name (Printed)

**Project Manager**  
\_\_\_\_\_  
Relationship to Project

**(949) 229-7075**  
\_\_\_\_\_  
Phone

**mdebor@bridgehousing.com**  
\_\_\_\_\_  
Email

For Department Use Only

Application received by Planning Department:

By: \_\_\_\_\_

Date: \_\_\_\_\_



**SAN FRANCISCO  
PLANNING  
DEPARTMENT**

**FOR MORE INFORMATION:**  
Call or visit the San Francisco Planning Department

**Central Reception**  
1650 Mission Street, Suite 400  
San Francisco, CA 94103-2479

TEL: **415.558.6378**  
FAX: **415.558.6409**  
WEB: **<http://www.sfplanning.org>**

**Planning Information Center (PIC)**  
1660 Mission Street, First Floor  
San Francisco, CA 94103-2479

TEL: **415.558.6377**  
*Planning staff are available by phone and at the PIC counter.  
No appointment is necessary.*

# Application Submittal Checklist

Applications submitted to the Planning Department must be accompanied by this checklist and all required materials. **Incomplete submittals will not be accepted.**

The checklist is to be completed by the applicant or authorized agent and signed by a department staff person at submittal.

APPLICATION MATERIALS	SUBMITTED
PPA Application, signed with all blanks completed (2 copies)	<input checked="" type="checkbox"/>
Project Summary Table	<input checked="" type="checkbox"/>
Additional Project Information (Questionnaire - Pg 5)	<input checked="" type="checkbox"/>
Letter of Authorization for agent (if applicable)	<input checked="" type="checkbox"/>
Set of plans: 2 reduced size 11"x17"	<input checked="" type="checkbox"/>
Site Plan (existing and proposed)	<input checked="" type="checkbox"/>
Floor Plans (existing and proposed)	<input checked="" type="checkbox"/>
Elevations (including adjacent structures)	<input checked="" type="checkbox"/>
Current photographs	<input checked="" type="checkbox"/>
Historic photographs (if possible)	<input type="checkbox"/>
3D Representations and/or Renderings	<input type="checkbox"/>
Digital copy of ALL materials submitted (CD or USB drive both accepted)	<input checked="" type="checkbox"/>
Check payable to Planning Dept. (see current fee schedule)	<input type="checkbox"/> <b>deferred</b>
Other: Section Plan, Detail drawings (ie. windows, door entries, trim), Specifications (for cleaning, repair, etc.) and/or Product cut sheets for new elements (ie. windows, doors)	<input type="checkbox"/>

NOTES:

- Required Material. Write "N/A" if you believe the item is not applicable, (e.g. letter of authorization is not required if applicant is the property owner.)
- Typically would not apply. Nevertheless, in a specific case, staff may require the item.

No application will be accepted by the Department unless the appropriate items on this checklist is completed. Receipt of this checklist, the accompanying application, and required materials by the Department serves to open a Planning file for the proposed project. After the file is established it will be assigned to a planner. At that time, the planner assigned will review the application to determine whether it is complete or whether additional information is required in order for the Department to make a decision on the proposal.

For Department Use Only

Application accepted by Planning Department:

By: \_\_\_\_\_

Date: \_\_\_\_\_