

OFFICIAL COPY

FOR DEPARTMENTAL USE ONLY

SAN FRANCISCO DEPARTMENT OF BUILDING INSPECTION

CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF BUILDING INSPECTION APPLICATION FOR BUILDING PERMIT

SFUSD

FORM 1 [X] TYPE I - II - III - IV Building

FORM 2 [] Story TYPE V Building

APPLICATION IS HEREBY MADE FOR PERMISSION TO BUILD IN ACCORDANCE WITH THE PLANS AND SPECIFICATIONS SUBMITTED HEREWITH AND FOR THE PURPOSE SET FORTH HEREIN.

School Fee Resid. = 201,095 SF Non resid = 747,136 SF APPROVED Dept. of Building Insp. FEES REQ JUL 05 2017

Capacity Charges Water: \$52,112 Wastewater: \$177,284 RF 6/15/13

50 60 1st St ADDRESS

1504 228 SIDE 1st ST

0 SE FROM Stevenson

NEAREST CROSS STREET

DATE FILED OCT 30 2015

PERMIT NO. 1430461

TYPE OF CONSTRUCTION IA

ASSESSOR'S BLOCK & LOT NO. 3708/355

ISSUED JUL 05 2017

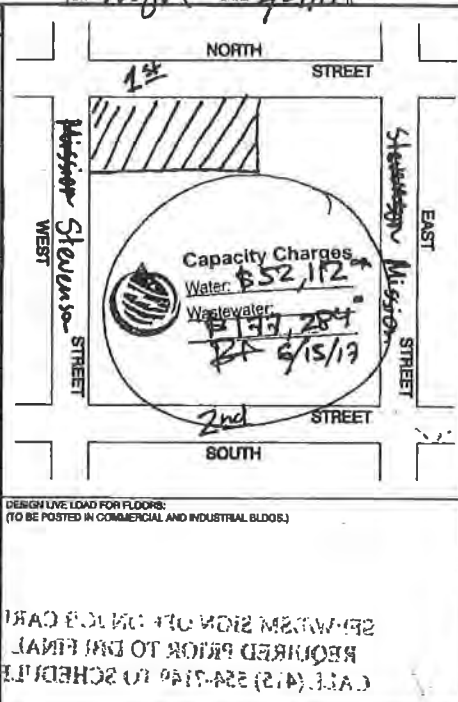
ESTIMATED COST \$520,000,000.00

REVISED COST \$520,000,000.00

DATE 2/24/17

BUILDING DESCRIPTION

Table with columns: SIZE OF LOT, FRONT, REAR, AVE. DEPTH, IS ANY OTHER BUILDING ON LOT, USE OF BUILDING, DOES BUILDING EXTEND BEYOND PROPERTY LINE?, GROUND FLOOR AREA, HEIGHT AT CENTER LINE OF FRONT OF BUILDING, WILL STREET SPACE BE USED DURING CONSTR?, IS BUILDING DESIGNED FOR ADDITIONAL STORES?, NUMBER OF DWELLING UNITS, NUMBER OF STORES OF OCCUPANCY, NUMBER OF BASEMENTS, WILL SUB-SIDEWALK SPACE BE USED?, GENERAL CONTRACTOR, ARCHITECT OR ENGINEER (DESIGN), ARCHITECT OR ENGINEER (FOR CONSTRUCTION), OWNERS NAME.



IMPORTANT NOTICES

No change shall be made in the character of the occupancy or use without first obtaining a Building Permit authorizing such change.

No portion of building or structure or scaffolding used during construction, to be closer than 8' to any wire containing more than 750 volts.

Pursuant to the 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.

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 [X] CONTRACTOR [] ATTORNEY IN FACT []

APPLICANT'S CERTIFICATION

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I 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.

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 AMERICAN ZORICH, Policy Number 016456200.
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 Date 10/30/2015

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SAN FRANCISCO

CONDITIONS AND STIPULATIONS

DEPARTMENT OF BUILDING INSPECTION

APPROVED:

Zone C-30(SD) / 550-5 C.P.C. Setback N/A
VARIANCE GRANTED (2006.1523VAR) 5/24/16
Approved per Motions No. 19635, 19636, 19637. Demolish three (3) buildings and build (N) 61-story OFFICE & RESIDENTIAL (109 DU) TOWER, 850 FT. OCCUPIED HEIGHT.
MARCELLE BOURLEAU
DEPARTMENT OF CITY PLANNING

DATE:

REASON:

APPROVED:

SITE PERMIT ONLY. SUBMIT CONSTRUCTION PLANS.

Tracy O'Keeffe, SFFD

APR 26 2017

PLAN CHECKER

BUREAU OF FIRE PREVENTION & PUBLIC SAFETY

NOTIFIED MR.

DATE:

REASON:

APPROVED:

Michelle Yu, DBI

FEB 23 2017

PLAN CHECKER, DEPT. OF BLDG. INSPECTION

NOTIFIED MR.

DATE:

REASON:

APPROVED:

Gary S. Ho, DBI

MAR 06 2017

CIVIL ENGINEER, DEPT. OF BLDG. INSPECTION

NOTIFIED MR.

DATE:

REASON:

APPROVED:

SFPW/BSM SIGN OFF ON JOB CARD REQUIRED PRIOR TO DBI FINAL CALL (415) 554-7149 TO SCHEDULE

CONDITIONS NOTED ON PLANS BSM

By Clinton Choy, SFPW/BSM

DIRECTOR OF PUBLIC HEALTH

NOTIFIED MR.

DATE:

REASON:

APPROVED:

SFPUC

6/15/17

PUC

BUREAU OF ENGINEERING

SFPUC Capacity Charges See attached SFPUC Capacity Charge Invoice for total amount due. DBI will collect charges.

NOTIFIED MR.

DATE:

REASON:

NOTIFIED MR.

APPROVED:

MA

MECHANICAL ENGINEER, DEPT. OF BLDG. INSPECTION

DATE:

REASON:

NOTIFIED MR.

APPROVED:

↓

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

OWNER'S AUTHORIZED AGENT

HOLD SECTION • NOTE DATES AND NAMES OF ALL PERSONS NOTIFIED DURING PROCESSING

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Department of Building Inspection

City & County of San Francisco
1680 Mission Street, San Francisco, CA 94103-2414



Receipt for Filing Fees Paid (Plancheck Receipt)

Receipt No: 15104275

Application Number 201510301303
Address 50 01ST ST

SITE PERMIT

Filing Fees based on Estimated Cost:		\$ 520000000.00
Fee Code	Description	Fee Amount
PLAN REV-F	Plan Review (filing) DBI	195,062.75
EXP PLAN-F	Express plan check fee (Filing) DBI	391,125.50
DCP NEW-F	DCP Plan Check-New Const (F)	37,670.00
BLDGSTD-F	Bldg Stds Admin Spec Revolv Fund	20,800.00
FIRE-F	Fire Plan Check Fee (Filing)	314,620.20
Total Filing Fees		959,278.45

Payments						
Payment Stage	Type	Paid By	Pay Date	Receipt #	Rec By	Payment Amount
FILING		CHECKOCEANWIDE CENTER LLC 415-857-5321 88 FIRST ST, 6TH FL SAN FRANCISCO CA 94105	10/30/2015	15104275	SHEKKATHY	959,278.45

Total Payments 959,278.45

PREMIUM PLAN REVIEW

OFFICIAL COPY

SAN FRANCISCO



MAY 12 2017 PM 3:14

received 05/15/17

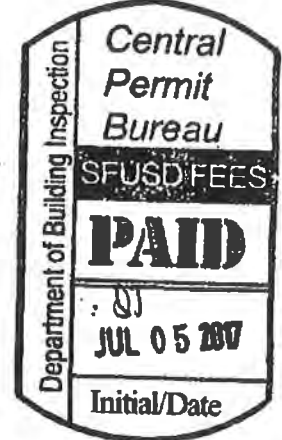
SAN FRANCISCO UNIFIED SCHOOL DISTRICT
CERTIFICATION OF PAYMENT OF SCHOOL FACILITY FEES
(415) 241-6080

FEB 27 2017
MAR 06 2017
MAY 09 2017

I. APPLICANT (Completed by Applicant)

Developer/Owner Oceanwide Center LLC
DBA:
Developer/Owner 3 Embarcadero Center
Address Street
San Francisco CA
City State Zip
Developer/Owner Phone No.
Contact Person Tony Sanchez-Correa
Contact Person's Telephone 415-333-8080

Fee Payment Stamp



II. SITE (Completed by Central Permit Bureau)

Street Address 501st St.
if no street address
site legal description
Building Permit Application No(s) 2015-1020-1303S

III. SQUARE FOOTAGE (Completed by Plan Checker)

Table with columns: Check, Type of Construction, Area Square Feet, Dept., Plan Checker Initials, Fee. Includes rows for New Residential - Habitable Area, Residential Additions - Habitable Area, New Non Residential - Total Area, etc.

IV. Signed by developer/owner or authorized agent at time of Fee Payment
The undersigned agrees that

- 1: The above information is correct and true to the best of my knowledge and that I will file an amended certification of payment and pay the additional fee if I request an increase in the square footage after the building permit has been issued or if the initial determination of square footage is found to be incorrect.
2: I am the developer/owner of the above described project(s) or am authorized to sign on their behalf.

Katie Horking (ARS) Associate 7/5/17
Name Title Date
Authorized Agent



San Francisco Public Utilities Commission
c/o Department of Building Inspection
1660 Mission St., 4th Floor, San Francisco, CA 94103
Telephone: (415) 575-6941 Fax: (415) 558-6431

SFPUC CAPACITY CHARGE INVOICE & LETTER

Permit Application No:	201510301303	Application Submitted:	10/30/2015
Entered By (initial):	BT	Application Arrived PUC:	3/28/2017
Owner Name:	Tang, Jacky - tangie@fhkg.com	Entered On:	6/15/2017 Rev. (4/6/2017)
Owner Firm Name:	Oceanwide Center SF, LLC	Contact Number:	(415) 875-7861
Owner Street Address:	88 1st St, 6th Floor	City / State:	San Francisco, CA
Service Address:	50 1st Street.	Zip:	94105
Service Block:	3708	Service Zip:	94105
Service Lot:	055	Form No. (Addendum):	1

NOTES:

Erecting a 60-story office building with 110 residential units and retail spaces. Combined with 526 Mission St (Lot 012) - Refer permit application 201510301302. 50 1st St and 526 Mission St will share two 8 in. meters.
6/15/17 - Revised prior use credits to include additional lots that will become part of the project as shown on the Tentative Parcel Map, dated October 2016, but not indicated on the permit applications for 50 1st Street and 526 Mission Street.

Water Capacity Charge (if applicable)	
Current Capacity Charge	\$ 130,260.00
Less Prior Use Credit *	\$ (78,148.00)
Total Water Capacity Charge	\$ 52,112.00
Wastewater Capacity Charge (if applicable)	
Current Capacity Charge	\$ 443,216.00
Less Prior Use Credit *	\$ (265,932.00)
Total Wastewater Capacity Charge	\$ 177,284.00
Total Amount Due	\$ 229,396.00

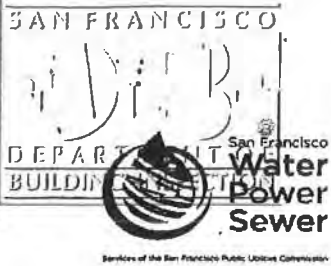
Amount Paid at DBI

Water Capacity Charge	\$ 52,112.00
Wastewater Capacity Charge	\$ 177,284.00
Total Amount (Both Charges)	\$ 229,396.00

Note: Charges based on information provided by permit applicant; adjustments may be required should new information become available.

* Prior use credit for existing meter or credit for meter size based on existing fixture count.

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San Francisco Public Utilities Commission
c/o Department of Building Inspection
1660 Mission St., 4th Floor, San Francisco, CA 94103
Telephone: (415) 575-6941 Fax: (415) 558-6431

Meter Upgrade Notice

6/15/2017 Rev. (4/6/2017)

Oceanwide Center SF, LLC
Tang, Jacky - tangie@fhkg.com
88 1st St, 6th Floor
San Francisco, CA 94105

Re: Permit Application No.: 201510301303
Address: 50 1st Street
Block /Lot: 3708 / 055
Existing Meter Size: 16 meters

Dear Customer,

Please be advised your plans and fixture count indicate a larger water meter is required; calculations indicate 2 6" meters are needed. Please apply for a water meter upgrade at:
The 2nd meter is for 526 Mission St (3708/012)

SFPUC - New Service Installation
525 Golden Gate Ave., 2nd floor
San Francisco, CA 94102
Phone: (415) 551-2900

Sincerely,

SFPUC Capacity Charge Program

cc: SFPUC New Service Installations

OFFICIAL COPY

230/2015 APR 12:21

FAX

002/003

A. R. SANCHEZ-COREA & ASSOCIATES, INC.

DEPARTMENT OF
BUILDING INSPECTION



Building Code & Permit Consulting

October 30, 2015

PREMIUM PLAN REVIEW

Department of Building Inspection
1660 Mission Street
San Francisco, CA 94103


Subject: 50, 1st Street
Request for Premium Plan Check
PA# 2015.1030.1303 S


To whom it may concern,

A.R. Sanchez-Corea & Associates respectfully requests Premium Plan Check for the Site Permit at 68 1st Street, PA# 2015.10.30.1303 S

Thank you for your attention to this request.

Sincerely,


NICK CEREGHINO
Tony Sanchez-Corea III
President
A.R. Sanchez-Corea and Associates


Mark Walls, DBI

OCT 30 2015



SWINERTON | WEBCOR
JOINT VENTURE

December 15, 2016

Central Permit Bureau Manager
Department of Building Inspection
1660 Mission Street
San Francisco, CA 94103

Subject: Oceanwide Center: 50 First Street, 526 Mission Street,
78 First Street, and 88 First Street

To whom it may concern,

Swinerton Webcor Joint Venture is the general contractor for the above mentioned development and A.R. Sanchez-Corea & Associates, and their employees, are authorized to apply for, and obtain, building permits associated with the above mentioned project addresses and to act as our authorized agent on behalf of the project.

Thank you and please feel free to contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Patrick Otellini".

Patrick Otellini
Project Manager
Swinerton Webcor Joint Venture
415-694-1074
potellini@swinertonwebcor.com

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DEPARTMENT OF BUILDING INSPECTION

City & County of San Francisco.
1660 Mission Street, San Francisco, California 94103-2414

MAY 02 2017

DATE:

PERMIT APPLICANT AND AUTHORIZED AGENT [X] New

DISCLOSURE AND CERTIFICATION [] Amended

Permit Application No.: 2015-1030-1303 S Job Address: 50 1st St.

This form must be completed in its entirety in connection with an application for a building permit (Forms 1/2, 3/B, 4/7, 5 and 6). The form must be amended for all new information or change in information for duration of project. Please be advised that the Department does not regulate permit expeditors/consultants or afford them preferential treatment.

A. Permit Applicant Information

I hereby certify that for the purpose of filing an application for a building or other permit with the Central Permit Bureau, or completion of any form related to the San Francisco Building Code, or to City and County ordinances and regulations, or to state laws and codes, I am the owner, the lessee or the agent of the owner/lessee and am authorized to sign all documents connected with this application or permit.

I declare under penalty of perjury that the foregoing is true and correct. I am the permit applicant and I am

Check box(s):

- [] The owner (B) [] The lessee (C)
[] The authorized agent. Check entity(s):
[] Architect (D) [] Engineer (D)
[] Contractor (E) [] Attorney (F)
[] Permit Consultant/Expediter (G)
[] Other (H)

Print Applicant Name Kyle Thompson
Sign Name Kyle Thompson

B. Owner Information

Name Oceanwide Center LLC
Phone
Address 3 Embarcadero Center
SF CA 94127
City State Zip

C. Lessee Information

Name
Phone
Address
City State Zip

D. Architect/ Engineer Information

- [] None [] List all Architect(s)/Engineer(s) on project:
1. Name Peter Sokoloff
[X] Architect [] Engineer

Phone No.
Firm Name Foster + Partners
License #
Expiration Date
Firm Address
City State Zip

2. Name
[] Architect [] Engineer

Phone No.
Firm Name
License #
Expiration Date
Firm Address
City State Zip

3. Name
[] Architect [] Engineer
Phone No.
Firm Name
License #
Expiration Date
Firm Address
City State Zip

E. General Contractor Information

Note: Complete separate licensed contractor's statement also.

Name PATRICIA OTELLINI
Phone 415-694-1074
Firm Name SUNBELT/WEB COR
License # 1012967
Expiration Date 4/30/18
Firm Address 260 TOWNSEND
SF CA 94107
City State Zip

- [] Contractor not yet selected. If this box is checked, submit an amended form when known.
[] Owner - Builder. If this box is checked, submit owner-builder declaration form.

F. Attorney Information

Name
Phone
Firm Name
Firm Address
City State Zip

G. Permit Consultant / Expediter

Name
Phone
Firm Name
Firm Address
City State Zip

H. Authorized Agent - Other

Name Tony Sanchez-Corea
Phone 415-333-8080
Firm Name A.R. Sanchez-Corea
Firm Address 301 Junipero Serra Blvd
SF CA 94127
City State Zip

Please describe your relationship with the owner



APPROVED
Dept. of Building Insp.

APR 15 2016

Tom C. Hui
TOM C. HUI, S.F.
DIRECTOR

DEPT. OF BUILDING INSPECTION

APPROVED FOR ISSUANCE

APR 15 2016

BLDG. FORM 318

2016-03-17-2324
APPLICATION NUMBER

OSHA APPROVAL REQ'D
APPROVAL NUMBER

APPLICATION FOR BUILDING PERMIT
ADDITIONS, ALTERATIONS OR REPAIRS

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF BUILDING INSPECTION

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.

FORM 3 OTHER AGENCIES REVIEW REQUIRED
FORM B OVER-THE-COUNTER ISSUANCE
2 NUMBER OF PLAN SETS 5-110

DO NOT WRITE ABOVE THIS LINE

DATE FILED 3-29-16	FILING FEE RECEIPT NO. 16038787	(1) STREET ADDRESS OF JOB 50 FIRST ST SF CA 94105	BLOCK & LOT 3708-055
PERMIT NO. 1389049	ISSUED APR 15 2016	(2A) ESTIMATED COST OF JOB \$507,180	(2B) REVISED COST BY: 807,180 FH DATE 3/17/2016

INFORMATION TO BE FURNISHED BY ALL APPLICANTS

LEGAL DESCRIPTION OF EXISTING BUILDING

(4A) TYPE OF CONSTR. R	(5A) NO. OF STORIES OF OCCUPANCY: 15	(6A) NO. OF BASEMENTS AND CELLARS: 1	(7A) PRESENT USE: OFFICE Building	(8A) OCCUR. CLASS B, M	(9A) NO. OF DWELLING UNITS: 0
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LEGAL DESCRIPTION OF BUILDING AFTER PROPOSED ALTERATION

(4) TYPE OF CONSTR. R	(5) NO. OF STORIES OF OCCUPANCY: 15	(6) NO. OF BASEMENTS AND CELLARS: 0	(7) PROPOSED USE (LEGAL USE) OFFICE STATEMENT PRIOR TO FULL DEMO	(8) OCCUR. CLASS B, M	(9) NO. OF DWELLING UNITS: 0
--------------------------	--	--	--	--------------------------	---------------------------------

(10) IS AUTO RUNWAY TO BE CONSTRUCTED OR ALTERED? NO <input checked="" type="checkbox"/>	(11) WILL STREET SPACE BE USED DURING CONSTRUCTION? NO <input checked="" type="checkbox"/>	(12) ELECTRICAL WORK TO BE PERFORMED? NO <input checked="" type="checkbox"/>	(13) PLUMBING WORK TO BE PERFORMED? NO <input checked="" type="checkbox"/>
---	---	---	---

(14) GENERAL CONTRACTOR FOR BAY SERVICES INC	ADDRESS 1501 MINICIPAL ST	ZIP 94107	PHONE 415 643-7777	CALIF. LIC. NO. 912328	EXPIRATION DATE 3/31/16
---	------------------------------	--------------	-----------------------	---------------------------	----------------------------

(15) OWNER - LESSEE (CROSS OUT ONE) Oceanwide Center LLC	ADDRESS 50 FIRST ST 2ND FLOOR SF CA 94105	ZIP 94105	BTRC# 415-675-7863	PHONE (FOR CONTACT BY DEPT.) 415-675-7863
---	--	--------------	-----------------------	--

(16) WRITE IN DESCRIPTION OF ALL WORK TO BE PERFORMED UNDER THIS APPLICATION (REFERENCE TO PLANS IS NOT SUFFICIENT)
Address: 50 First St, 2nd floor, related to full demo
Removal of Flooring, interior walls, ceilings, pipe insulation & roofing

ADDITIONAL INFORMATION

(17) DOES THIS ALTERATION CREATE ADDITIONAL HEIGHT OR STORY TO BUILDING? NO <input checked="" type="checkbox"/>	(18) IF (17) IS YES, STATE NEW HEIGHT AT CENTER LINE OF FRONT	(19) DOES THIS ALTERATION CREATE DECK OR PORCH EXTENSION TO BUILDING? NO <input checked="" type="checkbox"/>	(20) IF (19) IS YES, STATE NEW GROUND FLOOR AREA SQ. FT.
(21) WILL SIDEWALK OVER SUB-SIDEWALK SPACE BE REPAIRED OR ALTERED? NO <input checked="" type="checkbox"/>	(22) WILL BUILDING EXTEND BEYOND PROPERTY LINE? NO <input checked="" type="checkbox"/>	(23) ANY OTHER EXISTING BLDG. ON LOT? (IF YES, SHOW ON LOT PLANS) NO <input checked="" type="checkbox"/>	(24) DOES THIS ALTERATION CONSTITUTE A CHANGE OF OCCUPANCY? NO <input checked="" type="checkbox"/>

(25) ARCHITECT OR ENGINEER (DESIGN <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> ADDRESS	(26) CONSTRUCTION LENDER (ENTER NAME AND BRANCH DESIGNATION IF ANY. IF THERE IS NO KNOWN CONSTRUCTION LENDER, ENTER "UNKNOWN") 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 is to be closer than 6'0" to any wire containing more than 750 volts. See Sec 285, 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, and complete details of retaining walls and wall footings must be submitted to this department for approval.

ANY STIPULATION REQUIRED HEREIN OR BY CODE MAY BE APPEALED.

BUILDINGS 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 drawings, all insulating materials must have a clearance of not less than two inches from all electrical wires or equipment.

CHECK APPROPRIATE BOX

<input type="checkbox"/> OWNER	<input type="checkbox"/> ARCHITECT
<input type="checkbox"/> LESSEE	<input type="checkbox"/> AGENT
<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> 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 THEREIN WILL BE COMPLIED WITH.

NOTICE TO APPLICANT

HOLD HARMLESS CLAUSE. The permittee(s) by acceptance of this 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 secure 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 worker's compensation coverage under (I) or (II) designated below, or shall indicate item (III), (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 have and will maintain a certificate of consent to self-insure for worker's compensation, as provided by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
- (X) I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:
Carrier: ZURICH
Policy Number: WC 509918207
- () 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 worker's compensation laws of California. I further acknowledge that I understand that in the event that I should become subject to the worker's 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 worker's 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: Steve Sadler Date: 3/17/16

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SAN FRANCISCO
DEPARTMENT OF
BUILDING INSPECTION

CONDITIONS AND STIPULATIONS

REFER TO: APPROVED:

Nelson Lau, DBI
APR 12 2016
BUILDING INSPECTOR, DEPT. OF BLDG. INSP.

DATE: _____
REASON: _____

APPROVED: *Approve interior asbestos abatement and related soft demo. MBoucheaux 4/8/16*
Approved Planning Dept *Marcelle Boudreaux*
DEPARTMENT OF CITY PLANNING

NOTIFIED MR. _____
DATE: _____
REASON: _____

APPROVED: _____
BUREAU OF FIRE PREVENTION & PUBLIC SAFETY

NOTIFIED MR. _____
DATE: _____
REASON: _____

APPROVED: _____
NA
MECHANICAL ENGINEER, DEPT. OF BLDG. INSPECTION

NOTIFIED MR. _____
DATE: _____
REASON: _____

APPROVED: _____
CIVIL ENGINEER, DEPT. OF BLDG. INSPECTION

NOTIFIED MR. _____
DATE: _____
REASON: _____

APPROVED: _____
NA
~~BUREAU OF ENGINEERING~~

NOTIFIED MR. _____
DATE: _____
REASON: _____

APPROVED: _____
DEPARTMENT OF PUBLIC HEALTH

NOTIFIED MR. _____
DATE: _____
REASON: _____

APPROVED: _____
NA
REDEVELOPMENT AGENCY

NOTIFIED MR. _____
DATE: _____
REASON: _____

APPROVED: _____
HOUSING INSPECTION DIVISION

NOTIFIED MR. _____
DATE: _____
REASON: _____

NOTIFIED MR. _____
DATE: _____
REASON: _____

NOTIFIED MR. _____
DATE: _____
REASON: _____

HOLD SECTION - NOTE DATES AND NAMES OF ALL PERSONS NOTIFIED DURING PROCESSING

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



April 13, 2016

*Central Permit Bureau
Department of Building Inspection
1660 Mission Street
San Francisco, CA 94103*

**Subject: *Letter of Authorization
 40, 50, 62, & 78 First Street***

To whom it may concern,

As the selected contractor for the above mentioned project, I authorize
A.R. Sanchez-Corea & Associates to apply for and obtain permits on our behalf.

Sincerely,

A handwritten signature in black ink that reads "Trent Michels".

**Trent Michels
President**

OFFICIAL COPY



Department of Building Inspection

City & County of San Francisco
1660 Mission Street, San Francisco, CA 94103-2414



Receipt for Filing Fees Paid (Plancheck Receipt)

Receipt No: 16038787

Application Number Address
201603172326 50 01ST ST

Filing Fees based on Estimated Cost:		\$ 807180.00
Fee Code	Description	Fee Amount
PLAN REV-F	Plan Review (filing) DBI	7,079.02
DCP-F	DCP Plan Check (F)	17,375.97
BLDGSTD-F	Bldg Stds Admin Spec Revolv Fund	33.00
Total Filing Fees		24,487.99

Payments						
Payment Stage	Type	Paid By	Pay Date	Receipt #	Rec By	Payment Amount
FILING	CHECKECO BAY SERVICES INC	415-643 7777 1501 MINNESOTA ST	03/23/2016	16038787	SHEKKATHY	24,487.99

Total Payments 24,487.99

OFFICIAL COPY

SAN FRANCISCO

DEPARTMENT OF BUILDING INSPECTION



DEPARTMENT OF BUILDING INSPECTION

City & County of San Francisco
1660 Mission Street, San Francisco, California 94103-2414

DATE: 4/15/14

PERMIT APPLICANT AND AUTHORIZED AGENT DISCLOSURE AND CERTIFICATION

New [checked]
Amended []

Permit Application No.: 2016-0317-2326 Job Address: 50-1st St.

This form must be completed in its entirety in connection with an application for a building permit (Forms 1/2, 3/B, 4/T, 5 and 8). The form must be amended for all new information or change in information for duration of project. Please be advised that the Department does not regulate permit expeditors/consultants or afford them preferential treatment.

A. Permit Applicant Information

I hereby certify that for the purpose of filing an application for a building or other permit with the Central Permit Bureau, or completion of any form related to the San Francisco Building Code, or to City and County ordinances and regulations, or to state laws and codes, I am the owner, the lessee or the agent of the owner/lessee and am authorized to sign all documents connected with this application or permit.

I declare under penalty of perjury that the foregoing is true and correct. I am the permit applicant and I am

- Check box(es):
[] The owner (B)
[] The lessee (C)
[] The authorized agent. Check entity(s):
[] Architect (D)
[] Engineer (D)
[] Contractor (E)
[] Attorney (F)
[] Permit Consultant/Expediter (G)
[] Other AGENT (H)

Print Applicant Name: KEN CERECHILLO
Sign Name: [Signature]

B. Owner Information

Name: OCEAN WIDE CENTER
Phone: 415-875-7867
Address: 88 1st St - 6th Fl
City: SF State: CA Zip:

C. Lessee Information

Name:
Phone:
Address:
City: State: Zip:

D. Architect / Engineer Information

[] None [] List all Architect(s)/Engineer(s) on project:

1. Name:
[] Architect [] Engineer
Phone No.
Firm Name
License #
Expiration Date
Firm Address
City: State: Zip:

2. Name:
[] Architect [] Engineer
Phone No.
Firm Name
License #
Expiration Date
Firm Address
City: State: Zip:

3. Name:
[] Architect [] Engineer
Phone No.
Firm Name
License #
Expiration Date
Firm Address
City: State: Zip:

E. General Contractor Information

Note: Complete separate licensed contractor's statement also.
Name: Trent Michaels
Phone: 415-643-7777
Firm Name: ECOBAY
License #: 912324
Expiration Date: 3/31/14
Firm Address: 1501 MINNESOTA
City: SF State: CA Zip: 94107

- [] Contractor not yet selected. If this box is checked, submit an amended form when known.
[] Owner - Builder. If this box is checked, submit owner-builder declaration form.

F. Attorney Information

Name:
Phone:
Firm Name:
Firm Address:
City: State: Zip:

G. Permit Consultant / Expediter

Name:
Phone:
Firm Name:
Firm Address:
City: State: Zip:

H. Authorized Agent - Others

Name: KEN CERECHILLO
Phone: 415-383-8080
Firm Name: AIB
Firm Address: 381 JUMPERS SERRA BLVD
City: SF State: CA Zip: 94127

Please describe your relationship with the owner

OFFICIAL COPY

SAN FRANCISCO
DEPARTMENT OF BUILDING INSPECTION
APPROVED
STANDARD INSPECTION FEES REQ. 2016
08/31/16
MAY 05 2016

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF BUILDING INSPECTION
APPLICATION FOR DEMOLITION PERMIT

BLDG. FORM 6
APPLICATION NUMBER
2016.04.21.5374

APPLICATION FOR PERMIT MADE FOR PERMISSION TO DEMOLISH IN ACCORDANCE WITH THE PLANS AND SPECIFICATIONS SUBMITTED HERewith AND FOR THE PURPOSE SET FORTH HEREIN:

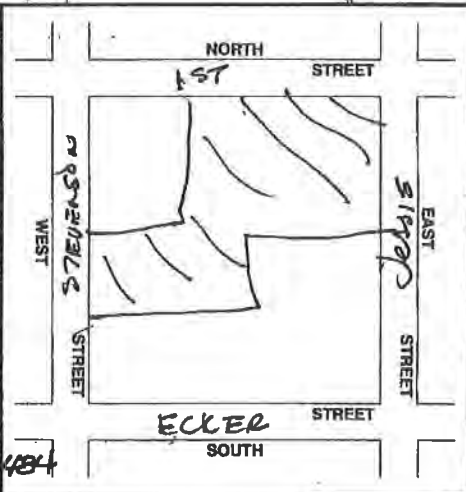
State Industrial Safety Permit
The attached application falls under the Labor Code Sec. 6500 in that it involves the type of construction work checked below:

The demolition of any building, structure, falsework, or scaffold, more than 3 stories high or the equivalent height (36 ft.)

ADDRESS OF JOB
50 1ST STREET
SW CORNER 1ST Street
NW FROM JESSIE
BLOCK 3708 LOT 055
NEAREST CROSS STREET
REAR YARD VALUE \$290,000
8/12/16

DATE FILED
APR 21 2016
FILING FEE RECEIPT NO. 1605613
PERMIT NO. 1402305
ISSUED AUG 31 2016

BUILDING DESCRIPTION # 710191
SIZE OF LOT: 100 FT. FRONT, 140 FT. REAR, 167.5 FT. AVE. DEPTH, 100' STREET FRONTAGE OR (IF NONE) SHORTEST SIDE OF BUILDING
MAX. HT. OF BLDG. 60 FT.
TYPE OF BUILDING I
BAASID # 47445
IS ASBESTOS PRESENT IN OR ON PREMISES? YES
DOES BUILDING EXTEND BEYOND PROPERTY LINE? YES
NUMBER OF STORIES 7
GROUND FLOOR AREA 16,700 SQ. FT.
LAST OCCUPANCY CODE B/M (10)
USE OF BUILDING OFFICE / RETAIL
NUMBER OF DWELLING UNITS 0 APTS, 0 GUEST ROOMS
NUMBER OF BASEMENTS 1
HAS BLDG. BEEN GIVEN LANDMARK STATUS? YES
DEMOLITION PROGRAM REQUIRED AND ATTACHED? YES EXEMPT
ARE THERE ANY STAND PIPES? YES HOW MANY? 2
IS BUILDING SPRINKLERED? YES
GENERAL CONTRACTOR SILVERADO CONST. 2290 N-1ST SAN JOSE
CALIFORNIA LICENSE NUMBER 782547 CLASS B EXPIRATION DATE 12/31/16 TELEPHONE 408 344 0484
ARCHITECT/ENGINEER AMIR KAZEMIEJAD 1675 SABLE ST HAYWARD
CALIFORNIA CERTIFICATE NUMBER 248085 TELEPHONE 510-265-1888
OWNERS NAME OCEANWIDE LLC 88-1ST ST SE
TELEPHONE 415-875-7870
UTILITY DISCONNECTION TELEPHONE NUMBERS: ELECTRIC: 861-8000 X 324 PG & E: 781-4214 X 3796 PT & T: 553-3056 WATER: 558-3196 AT&T CABLE: 800-395-2396



NOTE: THE BAY AREA AIR QUALITY MANAGEMENT DISTRICT REQUIRES, BY LAW, PRIOR NOTIFICATION OF ALL DEMOLITIONS UNDER PENALTY OF FINE. PHONE 771-6000 EXT. 217 FOR DETAILS.

IMPORTANT NOTICES

Demolition work shall be performed in accordance with the San Francisco Building Code and other applicable ordinances.
No portion of building or structure or scaffolding used during construction, to be closer than 6' to any wire containing more than 750 volts. See Sec. 385, California Penal Code.
Pursuant to the San Francisco Building Code, the demolition permit shall be posted on the job. The owner is responsible for approved plans and application being kept at building site.
All debris to be removed from the street, sidewalk and lot. Premises to be left in a sanitary condition and complying with the Building Code.
If demolition involves abandonment of side sewer, applicant must obtain a side sewer permit. Side sewer will then be blocked.
Applications for demolition of Historic Landmarks will be referred to the Landmark Commission
ANY STIPULATION REQUIRED HEREIN OR BY CODE MAY BE APPEALED.
THIS IS NOT A DEMOLITION PERMIT. NO WORK SHALL BE STARTED UNTIL 15 DAYS AFTER THE PERMIT HAS BEEN ISSUED.

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

APPLICANT'S CERTIFICATION

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE THAT IF A PERMIT IS ISSUED FOR THE DEMOLITION DESCRIBED IN THIS APPLICATION, ALL THE PROVISIONS OF THE PERMIT AND ALL LAWS AND ORDINANCES THERE TO WILL BE COMPLIED WITH.

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 (II), 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 ALASKA NATIONAL INSURANCE
Policy Number 14 JWS0997
- () III. The cost of the work to be done is \$100 or less.
- (A) 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 forthwith with the provisions of Section 3800 of the Labor Code, that the permit herein applied for shall be deemed revoked.
- (A) 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 [Signature]
Date APR 21 2016

MAY 05 2016

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SAN FRANCISCO

CONDITIONS AND STIPULATIONS

DEPARTMENT OF BUILDING INSPECTION

APPROVED:

HISTORIC LANDMARK? YES NO

Approve demolition per case no 2006.1523E, LPC Motions 19635, 19636, 19637. BPA for new construction 201510301303 for (N) 61 story office and RESIDENTIAL TOWER, approved 7/22/16 (site permit).

Approved Planning Dept. CITY PLANNING

Marcelle Boudreau

DATE:

REASON:

NOTIFIED MR.

DATE:

REASON:

APPROVED:

Contact the district building inspector at the start of work call 558-6096. For plumbing inspection scheduling call 558-6094. For electrical inspection scheduling call 558-6098. This application is approved without site inspection, detailed plumbing or electrical plan review and does not constitute an approval of the building. Work activities must be done in strict accordance with all applicable codes. Any electrical or plumbing work shall require appropriate permits.

DEMOLITION PROGRAM REQUIRED. BUILDING NOT TYPE V OR IS MORE THAN 2 STORIES, OR MORE THAN 25 FEET IN HEIGHT.

By: [Signature] WILLY H. YAU, DBI AUG 15 2016

BUILDING INSPECTOR, DEPT. OF BLDG. INSPECTION

NOTIFIED MR.

DATE:

REASON:

APPROVED:

SPECIAL INSPECTIONS AND TESTS ARE REQUIRED AS PER SFBC CHAPTER 17

By: [Signature] WILLY H. YAU, DBI WILLY H. YAU, DBI AUG 15 2016

SPECIAL INSPECTION REQUIRED

CIVIL ENGINEER, DEPT. OF BLDG. INSPECTION

NOTIFIED MR.

DATE:

REASON:

APPROVED:

PRE-CONSTRUCTION SITE MEETING REQUIRED BY SPWING STREET INSPECTION Call (415) 534-7149 to schedule

[Signature] 8/22/16

BUREAU OF ENGINEERING [Signature]

NOTIFIED MR.

DATE:

REASON:

APPROVED:

NEED FIRE DEPARTMENT APPROVAL FOR TERMINATION OR DISCONNECTION OF ANY EXISTING LIFE SAFETY SYSTEM CALL YOUR DISTRICT FIRE INSPECTOR AT (415) 558-3308

MUST MAINTAIN EXISTING FIRE LIFE SAFETY SYSTEMS DURING CONSTRUCTION

Janice Hayes, SFFD

AUG 15 2016

PLEASE NOTIFY FIRE INSPECTOR AT THE START OF WORK 558-3308

FIRE PREVENTION INSPECTOR, DEPT. OF BUILDING INSPECTION

NOTIFIED MR.

DATE:

REASON:

NOTIFIED MR.

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.

OWNER OR OWNER'S AUTHORIZED AGENT (TO BE AUTHORIZED ARCHITECT, ENGINEER, OR CONTRACTOR)

HOLD SECTION - NOTE DATES AND NAMES OF ALL PERSONS NOTIFIED DURING PROCESSING

OFFICIAL COPY

SAN FRANCISCO

DEPARTMENT OF BUILDING INSPECTION



DEPARTMENT OF BUILDING INSPECTION

City & County of San Francisco
1660 Mission Street, San Francisco, California 94103-2414

DATE: APR 21 2016

PERMIT APPLICANT AND AUTHORIZED AGENT
DISCLOSURE AND CERTIFICATION

- New
Amended

Permit Application No.: 2016.04.21.5374 Job Address: 50 1st St.

This form must be completed in its entirety in connection with an application for a building permit (Forms 1/2, 3/8, 4/7, 5 and 8). The form must be amended for all new information or change in information for duration of project. Please be advised that the Department does not regulate permit expeditors/consultants or afford them preferential treatment.

A. Permit Applicant Information

I hereby certify that for the purpose of filing an application for a building or other permit with the Central Permit Bureau, or completion of any form related to the San Francisco Building Code, or to City and County ordinances and regulations, or to state laws and codes, I am the owner, the lessee or the agent of the owner/lessee and am authorized to sign all documents connected with this application or permit.

I declare under penalty of perjury that the foregoing is true and correct. I am the permit applicant and I am

Check box(es):

- The owner (B)
The lessee (C)
The authorized agent. Check entity(s):
Architect (D)
Engineer (D)
Contractor (E)
Attorney (F)
Permit Consultant/Expediter (G)
Other (H)

Print Applicant Name Nick Cereghino

Sign Name [Signature]

B. Owner Information

Name Ocean Wide
Phone 415-415-3338
Address 88 1st St
City SF State CA Zip 94105

C. Lessee Information

Name
Phone
Address
City State Zip

D. Architect / Engineer Information

- None
List all Architect(s)/Engineer(s) on project:

1. Name
Architect
Engineer

Phone No.
Firm Name
License #
Expiration Date
Firm Address
City State Zip

2. Name
Architect
Engineer

Phone No.
Firm Name
License #
Expiration Date
Firm Address
City State Zip

3. Name
Architect
Engineer

Phone No.
Firm Name
License #
Expiration Date
Firm Address
City State Zip

E. General Contractor Information

Note: Complete separate licensed contractor's statement also.

Name
Phone 408-524-0121
Firm Name Silverado
License # 382547
Expiration Date 12/13/16
Firm address 2220 N. 1st St.
San Jose CA
City State Zip

- Contractor not yet selected. If this box is checked, submit an amended form when known.
Owner - Builder, if this box is checked, submit owner-builder declaration form.

F. Attorney Information

Name
Phone
Firm Name
Firm Address
City State Zip

G. Permit Consultant / Expediter

Name
Phone
Firm Name
Firm Address
City State Zip

H. Authorized Agent - Others

Name Nick Cereghino
Phone 415-332-8020
Firm Name 4125
Firm Address 321 Junipero Serra Blvd
SF CA 94127
City State Zip

Please describe your relationship with the owner

[Blank lines for relationship description]



April 15, 2016

Central Permit Bureau
Department of Building Inspection
1660 Mission Street
San Francisco, CA 94103

*Re: Oceanwide First & Mission Towers, 40, 50, 62 & 78 1st Street, San Francisco
Letter of Authorization*

To whom it may concern:

As the selected contractor for the above referenced project, we authorize A.R. Sanchez-Corea & Associates, Inc. to apply for and obtain the demolition permits on our behalf.

If you require additional information or have any questions please call me at (408) 324-0444.

Sincerely,
Silverado Contractors, Inc.

A handwritten signature in black ink, appearing to read "Liz Galvez".

Liz Galvez

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SAN FRANCISCO



BAY AREA AIR QUALITY MANAGEMENT DISTRICT

COMPLIANCE & ENFORCEMENT DIVISION

Regulation 11, Rule 2

Acknowledgement of Notification and Payment of Fees

3/18/2016

Silverado Contractors
2290 North First St. Suite 310
San Jose, CA 95131

Job No: 4T445
Invoice No: 3TS57

The Bay Area Air Quality Management District (BAAQMD) acknowledges receipt of your payment and your Asbestos Removal or Demolition Plan described as: Demolition

Site address 50 First St
San Francisco, CA 94105

Start Date September 1, 2016
Completion Date November 30, 2016

Removal amounts of friable ACM 0 linear feet 0 square feet 0 cubic feet

Should it become necessary to revise this plan, please do so in the spaces provided below and immediately copy the District by fax or by mail.

REGULATION 11-2 REVISION BAAQMD J# 4T445

Table with 3 columns: REVISION #, START DATE, COMPLETION DATE. Rows 1-5 with blank date fields.

NOTE: This form is not intended as a verification of either the completeness of your original notification or of its compliance with BAAQMD Regulation 11-2. If you have any questions about this acknowledgment, please call our office at (415) 749-4762.

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SAN FRANCISCO

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
DEPARTMENT OF BUILDING INSPECTION

No. 710171

PROJECT PERMIT

RECEIVED MAY 2 2016

Permit Issued To

(Insert Employer's Name, Address and Telephone No.)

Silverado Contractors, Inc.

2855 MANDELA PARKWAY, 2ND FLOOR
OAKLAND CA 94608

510/658-9960

No. _____

Date 5/10/16

Region 1

District 1

Tel. 415/557-0100

Type of Permit SINGLE PROJECT D3-DEMOLITION

Pursuant to Labor Code Sections 6500 and 6502, this Permit is issued to the above-named employer for the projects described below.

State Contractor's License Number	782547	Permit Valid through	6/30/17	
Description of Project	Location Address	City	Anticipated Dates	
			Starting	Completion
Demolition of 3 individual buildings: 40 - 1st St. 5 floor = 50' high 50 - 1st St. 7 floor = 73' high 62 - 1st St. 6 floor = 68' high Buildings are wood frame and concrete. Scaffold and excavations will be done by others and plans are included.	40, 50, and 62 First St.	San Francisco	9/1/16	6/30/17
		County San Francisco		

This Permit is issued upon the following conditions:

1. That the work is performed by the same employer. If this is an annual permit the appropriate District Office shall be notified, in writing, of dates and location of job site prior to commencement.
2. The employer will comply with all occupational safety and health standards or orders applicable to the above projects, and any other lawful orders of the Division.
3. That if any unforeseen condition causes deviation from the plans or statements contained in the Permit Application Form the employer will notify the Division immediately.
4. Any variation from the specification and assertions of the Permit Application Form or violation of safety orders may be cause to revoke the permit.
5. This permit shall be posted at or near each place of employment as provided in 8 CCR 341.4.

Received From Steve Bicknell	RECEIVED BY Mostafa Nazi
<input type="checkbox"/> Cash	Amount Date
<input checked="" type="checkbox"/> Check, 35341	\$50.00 5/10/16

Investigated by

Chang Shao
Safety Engineer 5/10/16
Date

Approved by

[Signature]
District Manager 5/10/16
Date

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SAN FRANCISCO
City and County of San Francisco
Department of Building Inspection
DEPARTMENT OF
BUILDING INSPECTION



Edwin M. Lee, Mayor
Tom C. Hui, S.E., Director

Permit Application #: 2016.0421.5374

Job Address: 50 1st St.

Block/Lot Number: 3708/55

DEMOLITION AFFIDAVIT

I declare under penalty of perjury that every party who has a recorded mortgage or recorded deed of trust on the property that is the subject of the application has been notified of the filing of this application as per San Francisco Building Code Section 106A.3.2.2.

Signature: 

Print Name: NICK CEREGHINO

Date: APR 21 2016



Department of Building Inspection

City & County of San Francisco
 1660 Mission Street, San Francisco, CA 94103-2414



Receipt for Filing Fees Paid (Plancheck Receipt)

Receipt No: 1605613

Application Number Address
 201604215374 50 01ST ST

Filing Fees based on Estimated Cost:		\$ 250000.00
Fee Code	Description	Fee Amount
DEMO RES-F	Demolition residential tenant notice DBI	48.36
BLDGSTD-F	Bldg Stds Admin Spec Revolv Fund	10.00
DCP-F	DCP Plan Check (F)	1,621.00
DEMO NOT-F	Demolition notices at filing DBI	145.08
PLAN REV-F	Plan Review (filing) DBI	2,443.05
DEMO AFF-F	Demolition affidavit DBI	13.95
Total Filing Fees		4,281.44

Payments						
Payment Stage	Type	Paid By	Pay Date	Receipt #	Rec By	Payment Amount
FILING		CHECKSILVERADO CONTRACTORS, INC 510-658-9960 2855 MANDELA PARKWAY, 2ND FLOOR OAKLAN	05/05/2016	1605613	ACHAN	4,281.44

Total Payments 4,281.44

OFFICIAL COPY



OFFICE COPY DEMOLITION DEBRIS RECOVERY PLAN WORKSHEET

507



Construction and Demolition (C&D) Debris Recovery Program
City and County of San Francisco

Environment Code Chapter 14; Ordinance No. 27-06; SFE Regulations 06-05-CDO

PLAN TYPE: NEW PERMIT APPLICATION FINAL REPORT
DATE DEMO COMPLETED _____

General Instructions:

- Demolition Debris Recovery Plan (DDRP) WORKSHEET must be completed by person conducting demolition and submitted to San Francisco's Department of Environment (SFE) for all Department of Building Inspection (DBI) Full Demolition Permit applications (Form #6). Submit to SFE at address or fax at bottom of this page.
- The DDRP must demonstrate that the demolition project will achieve a minimum of 65% diversion from landfill. Mixed C&D debris material taken to a San Francisco Registered C&D Facility will be credited at 65% diversion. No C&D debris material can be taken directly to landfill or be put in garbage.
- After SFE approves the DDRP, it will be returned to you to submit to DBI before issuance of the Demolition Permit. Detailed instructions for completing a final report will be included with the approved DDRP.
- Demolition permits will not be issued by DBI without an approved DDRP.
- A FINAL REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER COMPLETION OF DEMOLITION.

Demolition Permit Application No. 2016.04.21.5374 Permit Application Date 04/21/16
 Project Address 50 First Street Project Block/Lot# 3708
 Demolition Permit Applicant Silverado Contractors, Inc. Phone (408) 324-0444
 Demolition Permit Applicant Address 2290 North First Street, Suite 310, San Jose, CA 95131
 Contact Name Liz Galvez Phone (408) 324-0444
 Contact Address Same as above Fax (408) 324-0484
(if different from above) E-Mail liz@silveradocontractors, Inc.

Describe building being demolished: Type 7-Story Commercial Building Square Footage 146,000 SF

Complete the Diversion Rate Table on the reverse side of this worksheet indicating the disposition by material type of all project materials. See www.sfenvironment.org/c&d for possible facilities or markets to take materials. **For new permit applications**, provide ESTIMATED tons. **For final reports**, provide ACTUAL tons based on receipts you have received from facilities. Information included in the final report is subject to verification by SFE.

Instructions for completing the table on the reverse side of this worksheet: all materials are reported in TONS

- Column 1 – This is the total tons of materials generated from this project listed by material type;
- Column 2– Materials that will be separated on site in usable condition taken to a salvage facility for reuse. Also includes materials reused on site such as wood forms, and inerts used as backfill, etc.
- Column 3 – Materials separated on site that will be taken to a facility to be reprocessed into a new product. This includes source separated materials such as wood, metal, cardboard, drywall, landscape debris, etc.
- Column 4 – Materials that are not source-separated on site and are taken to a San Francisco Registered C&D Facility that will process mixed C&D materials for recovery. Mixed C&D materials taken to a SF-Registered C&D Debris Facility will be credited with 65% diversion. A list of Registered Facilities can be found at sfenvironment.org/c&d
- Column 5– Sorted, Non-Recyclable, Non-Compostable Debris hauled to landfill; **MUST DESCRIBE**.
- Column 6 – Name of facility(s) you intend to use for reuse, recycling or disposal of each material generated from the project.

Submission Instructions: Submit this completed and signed form to: Department of the Environment, 1455 Market Street, #1200., San Francisco, CA 94103, fax: 415.554.6393, or email: mary.williams@sfgov.org.

For Questions or Assistance, please call SFE at (415) 355-3700 or see www.sfenvironment.org/c&d

Diversion Rate Table (See Instructions on the front side of this form for column descriptions).

Material Type (Tons)	1 Total Tons Generated	2 Salvage or Reuse	3 Recycling (source-separated material)	4 Mixed C&D Debris to Registered Facility *	5 Landfill Disposal	6 Facility or Destination
Example: Wood	50	5		45		
Wood, Pallets & Lumber (clean & unpainted, no pressure-treated wood)						Building Resources/SFR&D
Cabinets, Fixtures, Doors, Windows, Equipment						
Metal	400		400			Sims
Carpet						
Carpet Padding						
Cardboard						
Ceiling Tile						
Drywall (used and painted)						
Green Waste						
Concrete	12000		12000			Onsite Crushing
Asphalt						
Brick, Masonry, Tile						
Rock/Dirt/Soil						
MIXED DEBRIS	350			350		Zanker, Premier & Recology
Other (please specify)						
Sorted, Non-Recyclable, Non-Compostable Debris (please describe)						
TOTALS	12750 A	0 B	12400 C	350 D*		

Calculate **Your Diversion Rate** using the following formula:

$$\frac{B}{0} + \frac{C}{12400} + \frac{D \times .65 (DR)^*}{227.50} = 12627.50 \text{ Divide by } \frac{A}{12750} = .99 \times 100 = \text{Your Diversion Rate } 99\%$$

[* Mixed C&D material designated for processing at a SF-Registered Mixed Debris Facility will be considered diverted at 65% diversion rate (pursuant to Ordinance No. 27-06).]


If **Your Diversion Rate** is less than 65%, provide justification why the project cannot meet the 65% diversion requirement
N/A

List haulers removing material off site (use extra page if necessary). Use only Registered Transporters for Mixed Debris.

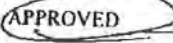

- 1) Greg's Trucking
- 2) Eighteen Trucking
- 3) Team North

I AGREE TO SUBMIT A FINAL REPORT for this Demolition Permit WITHIN 30 DAYS AFTER COMPLETION OF THE DEMOLITION PROJECT: FINAL REPORT MUST VERIFY THE ACTUAL DIVERSION ACHIEVED & INCLUDE ALL RECEIPTS FROM FACILITIES.

ESTIMATED DATE OF COMPLETION: 2/17

Submitted by (signature):  Date March 29, 2016

Print Name **Liz Galvez** Title **Manager**

FOR OFFICIAL CITY USE ONLY	
DATE PLAN/REPORT RECEIVED BY SFE <u>5/19/16</u>	
APPROVED 	NOT APPROVED _____ DATE <u>5/19/16</u>
COMMENTS _____	
APPROVED BY 	NAME & TITLE <u>Alex Dimitriou En Sp</u>