

# San Francisco Bay Conservation and Development Commission

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## INFORMATION THAT IS NEEDED FOR A BCDC EMERGENCY PERMIT

**PLEASE NOTE:** The following information and attachments should be submitted in order to receive an Emergency Permit pursuant to BCDC's regulations 14 C.C.R. Section 10120 and 10653. If the emergency situation is such that a verbal authorization is given by BCDC's Executive Director to commence emergency work, BCDC permit application documentation must still be submitted by the property owner within five working days after having received an emergency permit.

Please provide the following information:

- Name, address and phone number of **Property Owner(s)**
- Name, address and phone number of **Owners' Representative(s), if any**
- **Location/Address** of Emergency Work
- **Assessor's Parcel Number**
- **Nature and cause of emergency** (e.g., person, property, or public services threatened due to an identified reason; hazards or dangerous conditions)
- **Proposed emergency work and method** (e.g., rip-rap, levee repair, structure repair, etc. Include approximate dimension of repair work, quantities of material, etc.)
- **Timing of emergency work** (an estimate of when work will be performed – generally 24 hours to 72 hours after the emergency occurrence)
- **Contractor**, or person(s) who will do emergency work (include the address and phone number, if different from representative above.)
- Name and phone number of **local government contact**
- **Any known existing BCDC permits** or other authorizations for the site.

**ATTACHMENTS** – As time allows, please provide the following:

1. **Vicinity map** (road map) with location of project site marked.
2. **Photographs** of the emergency situation.
3. **Aerial photographs or site plan** showing proposed and existing development on the subject parcel.
4. **Evidence of applicant's interest in property** on which emergency work is to be performed (i.e., grant deed or other property documents)
5. Evidence of **approval by local planning department**.