BCDC Abbreviated Regionwide Permit Application Form

Use this form to:

Provide Notice of Intent to Proceed with a Project Under an Abbreviated BCDC Regionwide Permit

For BCDC Use Only

Application number: 
Fee: 
Date filed: 
Date notice posted: 
Receipt number and date: 
Entered PTS: 

Making San Francisco Bay Better
## Application Checklist

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbreviated Application Form:</td>
<td>One fully completed and signed original</td>
</tr>
<tr>
<td>Large Scale Project Site Plan</td>
<td>One Copy</td>
</tr>
<tr>
<td>8½&quot; x 11&quot; Project Site Plan</td>
<td>One Copy</td>
</tr>
<tr>
<td>8½&quot; x 11&quot; Vicinity Map</td>
<td>One Copy</td>
</tr>
<tr>
<td>Proof of Legal Interest</td>
<td>One Copy</td>
</tr>
<tr>
<td>Permit Processing Fee</td>
<td>$100</td>
</tr>
</tbody>
</table>

*Additional drawings are needed for projects that are evaluated by the Commission's Design Review Board or Engineering Criteria Review Board.*
State of California

Memorandum
San Francisco Bay Conservation and Development Commission
455 Golden Gate Avenue, Suite 10600
San Francisco, California 94102
(415) 352-3600  FAX: (415) 352-3606

TO: Project Applicants

FROM: Executive Director, BCDC

SUBJECT: Reassurance

Completing this abbreviated application form is not as difficult as it may look. Few applicants have to complete all parts of the form.

The easiest way to complete the application is to open the form to Box 1, refer to the instructions for Box 1, complete section (a) of Box 1 according to the instructions, and proceed section by section, box by box through the entire form.

We have tried to make the instructions clear, concise and complete. By carefully following the instructions, you will provide us with all the information we need to process your application. If you have any difficulty in completing the form or have any questions about the Commission, please call us at 415/352-3600 or visit our office at 455 Golden Gate Avenue, Suite 10600 (tenth floor) in San Francisco.

We look forward to working with you on your project.

October 1996

This publication was prepared with financial assistance from the Office of Ocean and Coastal Resource Management, National Oceanic and Atmospheric Administration, United States Department of Commerce under the provisions of the federal Coastal Zone Management Act of 1972, as amended.
Box 1

Applicant Information

a. PROPERTY OWNER:  
- Individual  
- Government  
- Private Entity  
- Non-profit

Name: ________________________________
Address: ________________________________
City, State, Zip: ________________________________
Telephones: ________________________________

b. OWNER’S REPRESENTATIVE:  
- None

Name: ________________________________
Address: ________________________________
City, State, Zip: ________________________________
Telephones: ________________________________
Affiliation to Applicant: ________________________________

I hereby authorize ________________________________
to act as my representative and bind me in all matters concerning this application.

______________________________  ________________________________
Signature of Owner  Date

______________________________
Printed Name of Owner

Cc. APPLICANT:  
- Individual  
- Government  
- Private Entity  
- Non-profit

Name: ________________________________
Address: ________________________________
City, State, Zip: ________________________________
Telephones: ________________________________

(Continued on Page 2)
(Applicant Information Continued from Page 1)

d. APPLICANT’S REPRESENTATIVE: ❑ None

Name: ____________________________________________
Address: __________________________________________
City, State, Zip: ______________________________________
Telephones: ______________________ / ______________________ /

Affiliation to Applicant: __________________________________

I hereby authorize ______________________________________
to act as my representative and bind me in all matters concerning this application.

__________________________________________________________________________
Signature of Applicant Date

Printed Name of Applicant

e. CO-APPLICANT: ❑ None ❑ Individual ❑ Private Entity

❑ Government ❑ Non-Profit

Name: ____________________________________________
Address: ____________________________________________
City, State, Zip: ______________________________________
Telephones: ______________________ / ______________________ /

f. CO-APPLICANT’S REPRESENTATIVE: ❑ None

Name: ____________________________________________
Address: ____________________________________________
City, State, Zip: ______________________________________
Telephones: ______________________ / ______________________ /

Affiliation to Applicant: __________________________________

I hereby authorize ______________________________________
to act as my representative and bind me in all matters concerning this application.

__________________________________________________________________________
Signature of Co-Applicant Date

Printed Name of Co-Applicant
Box 2
Certification of Accuracy of Information

I hereby certify under penalty of perjury that to the best of my knowledge the information in both Part I and Part II of this application and all attached exhibits is full, complete, and correct, and I understand that any misstatement or omission of the requested information or of any information subsequently requested shall be grounds for denying the permit, for suspending or revoking a permit issued on the basis of these or subsequent representations, or for the seeking of such other and further relief as may seem proper to the Commission.

_________________________________________    ________________________________
Signature of Owner or Owner’s Representative      Date

_________________________________________    ________________________________
Signature of Applicant or Applicant’s Representative      Date

_________________________________________    ________________________________
Signature of Co-applicant or Co-applicant’s Representative      Date
### Box 3  Project Information

**a.** Project Name: 

**b.** Project Description: 

**c.** Date work is expected to begin: 

Date work is expected to be completed: 

**d.** Does the project involve the placement of fill of any type in San Francisco Bay or within a salt pond, a managed wetland, or a certain waterway?

- [ ] Yes
- [ ] No

If “Yes,” complete Box 5.

**e.** Does the project involve development within the shoreline band around San Francisco Bay?

- [ ] Yes
- [ ] No

If “Yes,” complete Box 6.

**f.** Total Project Cost: $__________

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### Box 4  Site Information

**a.** Street Address: 

**b.** City, County, State, Zip: 

**c.** Assessor’s Parcel Numbers): 

- [ ] None

**d.** ID number(s) of previous BCDC permit(s) issued for work on this site: 

- [ ] None

**e.** Provide a brief description of the existing condition of the site, including the present elevations, current vegetation, existing structures and use of the site.
Box 5

**Bay Fill Information**

("Fill" means earth or any other substance or material, including pilings or structures placed on pilings, and structures floating at some or all times and moored for extended periods, such as houseboats and floating docks..."
Cal. Gov. Code Section 66632(a))

a. What is the basic purpose of the new fill in the Bay?


b. Total volume of water, marsh, or salt pond to be filled: ______ cubic yards
c. Area to be covered with solid fill: ______ square feet
d. Area to be covered with floating fill: ______ square feet
e. Area to be covered with pile-supported fill: ______ square feet
f. Area to be covered with cantilevered fill: ______ square feet
g. Area to be covered with any other type of fill. (Specify type of fill):
   ______ square feet

h. Total area to be filled: ______ square feet
Shoreline Band Information

("Shoreline band" means "...all territory located between the shoreline of San Francisco Bay...and a line 100 feet landward of and parallel with that line...." Cal. Gov. Code Section 66610(b))

a. Types of activities to be undertaken or materials to be placed along the shoreline:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

b. Will the project be located within a water-oriented priority use area that is designated in the San Francisco Bay Plan?

☐ Yes    ☐ No

If "No," go to section (c).
If "Yes," indicate which priority use the area is reserved for:

________________________________________________________________________

________________________________________________________________________

__________________________

Will the project use be consistent with the priority use for which the site is reserved?

☐ Yes    ☐ No

If "Yes," go to section (c).
If "No," attach an explanation of how the project can be approved despite this inconsistency.

c. Provide dimensions of portions of all structures to be built within the shoreline band, including length, width, area, height, and number of stories:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________