

San Francisco Bay Conservation and Development Commission

375 Beale Street, Suite 510, San Francisco, California 94105 tel 415 352 3600 fax 888 348 5190
State of California | Gavin Newsom – Governor | info@bcdc.ca.gov | www.bcdc.ca.gov

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

Abbreviated
Regionwide
Permit

Abbreviated
Application Form:

One fully
completed
and signed
original

Large Scale
Project Site Plan

One Copy

8¹/₂"x11"
Project Site Plan

One Copy

8¹/₂"x11"
Vicinity Map

One Copy

Proof of
Legal Interest

One Copy

Permit
Processing Fee

See Summary
of Application
Fees

*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

375 Beale Street, Suite 510

San Francisco, California 94105

415-352-3600 | E-mail address: info@bcdc.ca.gov

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 375 Beale Street, Suite 510 in San Francisco.

We look forward to working with you on your project.

October 1996

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Box 1

Applicant Information

a. PROPERTY OWNER:

- Individual Private Entity
 Government 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 (dd/mm/yyyy)

Printed Name of Owner

c. APPLICANT:

- Individual Private Entity
Government 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 (dd/mm/yyyy)

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: \$ _____

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

Box 6

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:
