

Mayor's Office on Disability Project Intake Form



Edwin M. Lee
Mayor

Carla Johnson
Director

BASIC INFORMATION

1. Project Name:			
2. Project Address:		3. Block / Lot:	
4. Date Submitted:			
5. Intake form submitted by		Signature:	

CONTACT INFORMATION

6. City Dept./Funding Source:	Contact Person:	Phone:	Email:
7. Project Manager/Firm:	Contact Person:	Phone:	Email:
8. Owner/Organization:	Contact Person:	Phone:	Email:
9. Architectural Firm:	Contact Person:	Phone:	Email:

PROJECT DESCRIPTION

10. Provide Brief Narrative Description:
11. If project contains residential use, identify any special population(s) served : <input type="checkbox"/> seniors <input type="checkbox"/> formerly homeless <input type="checkbox"/> veterans <input type="checkbox"/> other _____

12. BUILDING / SITE DESCRIPTION

Occupancy Type : (list all that apply)		Playground <input type="checkbox"/> Park <input type="checkbox"/>
Use of facility:		
Number of floors:	Mezzanine(s) included?	
Existing elevator in path of travel?	Yes / No	Comments
New elevator being added?	Yes / No	
Off street parking provided?	Yes / No	
Commercial use included?	Yes / No	
Public accommodation included?	Yes / No	

13. RESIDENTIAL PROJECT INFORMATION Residential Dwelling Units? Yes / No (Please count each unit in only one category)

Dwelling Unit Types (regulations applicable)	# Single story Units	#Multistory units
Adaptable or Covered (FHA Guidelines, CBC Chapter 11A)		
Units with Mobility Features (FHA Guidelines, 2010 ADA Standard and CBC Chapter 11A) 5% of Total (unless TCAC requires 10%)		
Units with Communication Features (FHA Guidelines, 2010 ADA Standard, CBC Chapter 11A) 2% of Total (unless TCAC requires 4%)		
Multistory units with a visitable level (CBC Chapter 11A)		
Inaccessible		
Total Units in Project:		

14. PROJECT VALUATION / TYPE / FUNDING

Dollar valuation of project	\$
Check one that applies:	
New construction	Use Table I for fee calculation
Barrier removal only	Use Table II for fee calculation
Alterations under Title 24 threshold	
Alterations over Title 24 threshold	

Project Funding Sources (check all that apply)	Amount	Type of Funds (CDBG, CTCAC, TARP, HOME, etc)
Federal:	\$	
State:	\$	
California Tax Credit Allocation Committee:	\$	
City:	\$	
Other:	\$	
TOTAL:	\$	

15. FEE TABLE I - New Construction

Total Project Valuation	Fee	# of Plan Reviews included in fee	# of Site Inspections included in fee	Additional Plan Reviews or Site Inspections
Up to \$200,000	Hourly rate of \$150/hour	2	2	\$150/hour
\$200,000 - \$999,999	\$2200 + \$310 per each additional \$100,000 over the initial \$200,000	3	3	\$150/hour
\$1 - \$5 million	\$4400 + \$75 per each additional \$100,000 over the initial \$1 million	3	4	\$150/hour
\$5 - \$10 million	\$7400 + \$22 per each additional \$100,000 over the initial \$5 million	3	5	\$150/hour
\$10 million and up	\$8500 + \$13.50 per each additional \$100,000 over the initial \$10 million	3	9	\$150/hour

16. FEE TABLE II – Alterations

Total Project Valuation	Fee	# of Plan Reviews included in fee	# of Site Inspections included in fee	Additional Plan Reviews or Site Inspections
Up to \$200,000	Hourly rate of \$150/hour	2	2	\$150/hour
\$200,000 - \$999,999	\$2640 + \$340 per each additional \$100,000 over the initial \$200,000	3	3	\$150/hour
\$1 - \$5 million	\$5040 + \$85 per each additional \$100,000 over the initial \$1 million	3	4	\$150/hour
\$5 - \$10 million	\$8440 + \$24 per each additional \$100,000 over the initial \$5 million	3	5	\$150/hour
\$10 million and up	\$9640 + \$15 per each additional \$100,000 over the initial \$10 million	3	9	\$150/hour

Mayor's Office on Disability



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Invoice

Project Name:	
Project Address:	
Date Submitted:	

Fee calculation example #1 (new construction / use Table I)

\$1,500,000 new construction project valuation

$$\$4400 + \$75 \times \frac{\$1,500,000 - \$1,000,000}{\$100,000} = \$4400 + \$375 = \$4775$$

Fee calculation example #2 (alteration / use Table II)

\$1,500,000 alteration project valuation

$$\$5040 + \$85 \times \frac{\$1,500,000 - \$1,000,000}{\$100,000} = \$5040 + \$425 = \$5465$$

Construction cost type (check one): ☐ New Construction/Use Table I
☐ Alterations/Use Table II

Fee Calculation:	\$	+	\$	x	\$	=	\$
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Please make check payable to:

City and County of San Francisco

Deliver project (with payment) to:

Mayor's Office on Disability
 1155 Market Street, 1st floor
 San Francisco, CA 94103
 Phone: (415) 554-6789
 Email: MOD@sfgov.org

Projects submitted to MOD must include payment.
 Projects submitted without payment will not be processed.

Fee Amount:	\$	Check #:		Date Submitted:	
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