

**ACTIVITY NOTIFICATION FORM
FOR HOLDERS OF ANNUAL PERMITS**

Buildings/Structures, Scaffolding/Falsework, Demolition, Trenches/Excavations

THIS FORM **SHALL** BE FAXED TO THE NEAREST DOSH OFFICE TO COMPLY WITH THE 8 CCR 341.1(h).
PLEASE **DO NOT** MAIL DUPLICATE NOTIFICATION AS A FOLLOW-UP TO FAX NOTIFICATION.

FAX DATA: FAXED TO _____ DOSH DISTRICT OFFICE ON _____

DOSH FAX NO. (_____) BY _____

Company Name: _____ Field Phone: _____

Annual Permit Number: _____ Office Phone: _____

Issuing Region: _____ Issuing District: _____

Specific Activity Location: _____ Number of Employees: _____

Nearest Major Cross Street: _____ Starting Date: _____

City: _____ Anticipated Completion Date: _____

County: _____ High Voltage Lines in Proximity? No _____ Yes _____

INSTRUCTIONS: The appropriate item(s) must be completed and signed by a person knowledgeable about the project for each activity covered by a permit. Please fill in or check off the blanks where appropriate.

Construction: Building _____ Structure _____ **Type:** Steel Frame _____ Tiered _____ Concrete _____ Tilt-up _____

Wood Frame _____ Curtain Wall _____ Precast _____ Slip Form _____ Depth _____ Height _____

Description: _____

Scaffolding: Height _____ Metal _____ Wood _____ Wood over 60 Feet _____ Metal over 125 Feet _____

Metal >125 Feet or Wood >60 Feet requires design by California Registered Civil Engineer & Plans at Site. (See 8 CCR 1644(c) (7))

Description: _____

Falsework/Vertical Shoring: Maximum Height _____ Maximum Span _____ Material _____

Description: _____

(See 8 CCR 1717)

Demolition of: Building _____ Structure _____ **Height** _____ No. of Stories _____ **Type:** Steel Frame _____

Wood Frame _____ Concrete _____ Demolition Ball _____ Clam _____ Explosives _____

Loader/Tractors _____ Other _____

Trenches/Excavations: Depth Range (Min/Max) _____ Width Range (Min/Max) _____ Total Length _____

Ground Protection Method: Shoring _____ Sloping _____ Trench Shield _____ Professional Engineer _____

Underground Services Alert (USA) Number _____ (NORTH 1-800-642-2444/SOUTH 1-800-422-4133)

Soil Analysis to be done? Yes _____ No _____ If No, You **Must** Slope 1.5 to 1.

Competent Person: The holder of an Annual Permit who is notifying the District of the commencement of a Trench and/or Excavation project shall designate a **competent person** in accordance with the requirements of 8 CCR Section 1504, 1541, and 1541.1.

Description: _____

* Ground protection methods for excavations deeper than 20 feet must be designed by a Registered Professional Engineer.
See 8 CCR 1541.1, Appendix F.

I hereby certify that to the best of my knowledge the above information and assertions are true and correct and that I/the applicant, have knowledge of and will comply with the foregoing.

Name: _____
(Please Type or Print)

Signature: _____

Title: _____

Date: _____