

**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? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this a public works project?    Yes        No

**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: \_\_\_\_\_