# 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 _______

(Continued on back)
**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: ____________________________