



Maher Ordinance Application

Please submit this application with a check for the current fee to the address below to enter the Maher program. For current filling fee information, see: www.sfdph.org/dph/EH/Fees.asp under Hazardous Waste Soil Sampling.

A. Project Name: <u>Balboa Reservoir</u>	
Site Address: <u>N/A</u>	Assessor's Parcel Number: <u>BLK 3180 - Lot 190</u>
City, State: <u>San Francisco, CA</u>	Zip Code: <u>94112</u>
SF Planning Contact Name: <u>Jeremy Shaw</u>	Telephone: <u>(415) 558-6378</u>
B. Project Proponent: <u>RESERVOIR COMMUNITY PARTNERS, LLC</u>	
Mailing Address: <u>600 California Street</u>	
City, State: <u>San Francisco, CA</u>	Zip Code: <u>94108</u>
Contact Person: <u>Brad Wiblin</u>	Telephone: <u>(415) 321-3565</u>
E-mail address: <u>bwiblin@bridgehousing.com</u>	
Invoices will be sent to this address unless other arrangements are made.	
C. Application Submitted by: <u>RESERVOIR COMMUNITY PARTNERS, LLC</u>	
Contact Person: <u>Jelani Dotson, Project Manager</u>	Telephone: <u>(415) 321-4035</u>
Company Name: <u>BRIDGE Housing Corporation</u>	
Mailing Address: <u>600 California Street, San Francisco, CA</u>	Zip Code: <u>94108</u>
E-mail Address: <u>jdotson@bridgehousing.com</u>	
D. Project Information – Current Site Use: <u>Surface Parking</u>	
Planned Site Use: <u>Housing and public open space</u>	Description: <u>The surface parking lot will be developed</u>
<u>in two phases to include approximately 1100 units of housing and 4 acres of public open space</u>	
E. Check Document(s) Submitted: <input checked="" type="checkbox"/> Phase I ESA <input checked="" type="checkbox"/> Geotechnical Report <input type="checkbox"/> Plan and Elevation Drawings	
<input type="checkbox"/> Subsurface Investigation Report <input type="checkbox"/> Estimate of soil volume (CY) to be disturbed by proposed project	
<input type="checkbox"/> Grading/excavation drawings supporting volume estimate <input type="checkbox"/> Other (list): _____	

I have reviewed the conditions of the Maher Ordinance program and agree to comply with those conditions and pay all costs associated with this request.

Signature of Applicant: _____

Date: 9/13/18

For Department of Public Health Office Use Only		
Date Received: _____	Date Data Entered: _____	Check Number: _____
Received by: _____	Entered By: _____	Check Amount: _____
SMED SITE #:		_____