



BUILDING INSPECTION DIVISION

How to Extend an “ISSUED” Permit

- a. Complete the fields highlighted in red as shown on the sample Service Request form below. The form is available at <https://sf.gov/sites/default/files/2022-11/Service%20Request%20Form.pdf>. Use the original approved application as a guide.

If you are extending multiple permits for the same location, please complete a separate Service Request Application for each permit number.

- b. If you are not the homeowner or affiliated agent shown on the DBI permit, please provide a signed authorization letter from the owner or affiliated agent. The letter must include the permit number and project address.
- c. If this is the 2nd extension, submit a letter addressed to the Chief Building Inspector explaining the reason for the delay in construction. The letter must include the permit number and project address.
- d. If you have additional questions, please email dbi.inspectionervices@sfgov.org. Be specific.
- e. Send the completed Service Request form to dbi.inspectionervices@sfgov.org. Make sure the permit application and project address are included in the subject line.
- f. Once the extension request is approved, we will invoice you by email.



SAMPLE ONLY

SERVICE REQUEST APPLICATION

JOB ADDRESS: BLOCK: LOT:

PERMIT NO(S) – BID/EID/PID:

OWNER/CONTRACTOR: PHONE NO:

MAILING ADDRESS:

EMAIL (Write Clearly):

Circle the Service Requested item(s); mark the Division and the Fee shown for a Single Division. A separate Service Request Form must be filled out for each service item.

	Service Requested	Building	Electrical	Plumbing	Minimum			Total Fee	Total with Added Hours
					Hrs	At	Min fee		
1	Temporary Certificate of Occupancy (TCO) and TCO Extension				2	\$181.82	\$363.63	\$363.63	
2	Place of Entertainment				1	\$181.82	\$181.82	\$181.82	
3	Massage Establishment/DPH				1	\$181.82	\$181.82	\$181.82	
4	Police Permit/Second Hand Dealer				1	\$181.82	\$181.82	\$181.82	
5	Fire Permit Inspection				1	\$181.82	\$181.82	\$181.82	
6	Off-Hour Inspections – See Reverse 6 BID/PID: Each additional hour \$181.82 EID: Each additional hour \$272.72				2	\$181.82	\$363.63	\$363.63	
7	Re-Inspection (BID)				1	\$181.82	\$181.82	\$181.82	
8	Pre-Application/Survey Inspection (BID)				2	\$181.82	\$363.63	\$363.63	
9	Subpoena Service				1	\$275.00	\$275.00	\$275.00	
10	Permit Extension (BID) – See Reverse 10	<input type="checkbox"/>			\$171.12 + 10% of the building permit inspection fee				

NOTE: We accept payments from owner or affiliated agent(s) shown on DBI record.
3rd parties must provide an authorization letter and legal photo ID.

Checks must be written to “CCSF – DBI” or “City & County of San Francisco – Department of Building Inspection”

6: OFF HOUR INSPECTIONS

Date of requested inspection: _____	Time of requested inspection: _____
Contact person: _____	Phone: _____
Scope for inspection: _____	
Floor/area of inspection: _____	
Senior/chief approval: _____	

Off-Hour inspections require Chief Inspector approval with a two-day lead time. Same day inspections may be offered at the sole discretion of the Chief Inspector of the division involved. Additional inspection hours, including travel time, will be charged unless other arrangements are made in advance. Fees must be paid in advance.

10: BUILDING PERMIT EXTENSION

2nd Extension must be approved by the Chief or Senior inspector. Please submit a letter addressed to the Chief Inspector.

Service Requested	Fee Amount	Total Fee
Permit Extension	\$171.12 + 10% of Building Permit Inspection Fee	

Reason for request: _____ _____ _____ _____

SAMPLE

DATE PERMIT ISSUED _____	ORIGINAL EXPIRATION DATE _____
NEW EXPIRATION DATE _____	APPROVING INSPECTOR _____

NOTE: We accept payments from owner or affiliated agent(s) shown on DBI record. 3rd parties must provide an authorization letter and legal photo ID. Checks must be written to "CCSF – DBI" or "City & County of San Francisco – Department of Building Inspection"

SIGNATURE (REQUIRED)

By signing below, I certify the information provided is accurate.	
Applicant Signature 	DATE

FOR OFFICE USE ONLY		
RECEIPT NUMBER: _____	DATE OF RECEIPT: _____	RECEIVED BY: _____