



SERVICE REQUEST APPLICATION

JOB ADDRESS: _____ BLOCK: _____ LOT: _____

PERMIT NO(S) – BID/EID/PID: _____

OWNER/CONTRACTOR/AGENT: _____ 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				\$171.12 + 10% of the building permit inspection fee				

Department of Building Inspection – Inspection Services
49 South Van Ness Ave, Suite 400 – San Francisco, CA 94103
(628) 652-3450 - sfdbi.org

6: OFF HOUR INSPECTIONS

Date of requested inspection: _____	Time of requested inspection: _____
Contact person: _____	Phone: _____
Reason for request: _____	
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: _____ _____ _____ _____		

FOR OFFICE USE ONLY

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

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: _____
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Received by: _____