10

Permit Extension (BID) - See Reverse 10

JOB ADDRESS:

PERMIT NO(S) – BID/EID/PID:

BLOCK: _____ LOT: ____



SERVICE REQUEST APPLICATION

DWNER/CONTRACTOR/AGENT: PHONE NO:									
//AILING	ADDRESS:								
EMAIL (V	Vrite Clearly):								
	e Service Requested item(s); mark the Division illed out for each service item.	and	the	Fee	shown fo	r a Single Div	vision. A sepa	rate Service F	Request Form
			ical	bing	Minimum			Total	
	Service Requested	Building	Electrical	Plumbing	Hrs	At	Min fee	Total Fee	with Added Hours
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	BID Off-Hour Inspections – See Reverse 6 Each additional hour \$181.82				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	

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"

\$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 Office (628) 652-3450 - Email: dbi.inspectionservices@sfgov.org - www.sfdbi.org

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Received	hw		

6: OFF HOUR INSPECTIONS

Date of requested inspection:	Time of requested inspection:							
Contact person:								
Reason for request:								
Floor/area of inspection: Senior/chief approval:								
offered at the sole discretion of the Chi time, will be charged unless other arrai	pector approval with a two-business-day lead time. Sief Inspector of the division involved. Additional insingements are made in advance. Fees must be paid i	pection hours, including travel						
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							
	FOR OFFICE USE ONLY							
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. 3 rd 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:	Da	te:						
FOR OFFICE USE ONLY								
RECEIPT NUMBER:	DATE OF RECEIPT: RE	ECEIVED BY:						