



**REQUEST FOR WITHDRAWAL OR EXTENSION OF
BUILDING PERMIT APPLICATIONS THAT ARE NOT ISSUED***

Job Address: _____	Building Application #: _____
Name: _____	Contact Info/Tel #: _____
Mailing Address: _____	
City: _____	Zip: _____
This is to request (please check one):	
<input type="checkbox"/> Withdrawal	FEE \$111.23 Administration
<input type="checkbox"/> Extension	\$171.12 plus 20% of All Plan Review Fees
Reason for Request: _____	
Applicant's Signature _____	Date _____
*Note: For more information, see Information Sheet No. G-06	

INSTRUCTIONS for OTC Application EXTENSION REQUEST only: This Form must be completed and signed by the authorized personnel. Email the completed Request Form to the OTC manager to make an appointment at jimmy.cheung@sfgov.org. Bring the original application form and both plan sets (if applicable) to the appointment. Upon obtaining approval from the OTC Manager, customer will be routed to CPB OTC counter for processing.

INSTRUCTIONS for all other REQUESTS: Complete and sign this Request Form. The completed Form may be emailed to dbi.cpbrequest@sfgov.org or mailed to the address listed below along with a check or money order. Please put down phone number and application number on the check with check payable to: CCSF DBI. Upon approval and processing, a copy of this form showing approval of the request and your receipt will be sent to you by return mail.

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY

Date Received: _____
Approved by Plan Review Manager: _____
Date: _____ Receipt #: _____