



## BUILDING INSPECTION DIVISION – PERMIT EXTENSIONS

### Are You Eligible to Extend the Permit?

To be eligible for a permit extension, **your permit must still be active** — it **cannot be expired**. Check the expiration date on your job card. Request for permit extensions must be submitted before the expiration date of the permit.

If the permit has already expired, you will need to **renew** it instead of requesting an extension. Click [here](#) for instructions.

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### Steps to Request a Permit Extension

#### 1. Complete the Service Request Form

- Download the form here: [Service Request Form \(PDF\)](#)
- Fill out all fields highlighted in red. Use your original approved application as a reference.
- If you are **requesting extensions for multiple permits** at the same address, submit a **separate form for each permit number**.

#### 2. For a Second Extension Request:

If this is your **second** extension for this permit, you must also include a **letter to the Chief Building Inspector** explaining the delay. Your letter must include:

- Date
- Project address
- Application number
- Reason for the extension
- Your name and contact information
- Your signature

#### 3. Submit Your Request

Email the completed Service Request form (and letter, if required) to:

**[dbi.inspectionservices@sfgov.org](mailto:dbi.inspectionservices@sfgov.org)**

Include the **permit application number** and **project address** in the **email subject line**.

#### 4. Questions?

If you have questions, email us at the address above. Be sure to include specific details about your project. Include the **permit application number** and **project address** in the **email subject line**.

#### 5. After Approval

Once your request is approved, we'll send you an invoice 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	FEES			Additional Hours	Total with Added Hours
					Min # of hours	Hourly Fee	Min Fee		
1	Temporary Certificate of Occupancy (TCO) and TCO Extension				n/a	\$670.00	\$670.00		
2	Place of Entertainment				1	\$405.00	\$405.00		
3	Massage Establishment/DPH				1	\$405.00	\$405.00		
4	Police Permit/Second Hand Dealer				1	\$405.00	\$405.00		
5	Fire Permit Inspection				1	\$405.00	\$405.00		
6	Off-Hour Inspections – See Reverse 6 Each additional hour \$477.00				2	\$477.00	\$954.00		
7	Re-Inspection (BID)				1	\$405.00	\$405.00		
8	Pre-Application/Survey Inspection (BID)				2	\$405.00	\$810.00		
9	Subpoena Service				n/a	\$275.00	\$275.00		
10	Permit Extension (BID) – See Reverse 10				\$452.00 + 10% of the building permit inspection fee				
11	Night Noise Permit				n/a	\$670.00	\$670.00		

### INSPECTION SERVICES

49 South Van Ness Avenue, Suite 400 – San Francisco CA 94103  
(628) 652-3400 – sfdbi.org

## **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**

2<sup>nd</sup> 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	\$452.00 + 10% of Building Permit Inspection Fee	

Reason for request:

**SAMPLE**

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: \_\_\_\_\_

## **INSPECTION SERVICES**

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