REQUEST TO WITHDRAW OR EXTEND
UNISSUED BUILDING PERMIT APPLICATIONS

INSTRUCTIONS

All requests to extend or withdraw an unissued building permit application are to be made using this form. The form is to be completed and signed by the permit applicant, property owner or authorized agent for extensions, and solely by the property owner for withdrawal (SFBC 106A.3.8.1), and submitted to dbi.cpbrequest@sfgov.org for review and approval.

- In-House Review permit application extension or withdrawal requests will be considered by DCP and DBI's Plan Review Services manager. Upon approval and processing, a copy of this form documenting approval of the request will be emailed to the applicant.
- Over-The-Counter (OTC) permit application extension or withdrawal requests will be considered by DCP and DBI's OTC manager. Applicants requesting an OTC extension must also schedule an appointment with the OTC manager to review and discuss their request. OTC extension or withdrawal requesters must bring the original application form and both plan sets (*if applicable*) to the appointment.

Once the request is approved, the property owner or authorized agent of record will be directed to pay the extension or withdrawal fee. See Information Sheet G-06 for additional details.

Central Permit Bureau
49 South Van Ness Avenue, Suite 200 – San Francisco, CA 94103
(628) 652-3240 — dbi.cpbrequest@sfgov.org – sfdbi.org

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Job address: _____   Building Application #: _____

Owner's Name: _____   Contact Info/Tel #: _____

Mailing Address: _____   Email: _____

City: _____   Zip: _____

This is to request (Please check one):

☐   Withdrawal $226.00 Administration

☐   Extension $526.00 Plus 20% of All Plan Review Fees

Reason for Request: _____

_____

Applicant's Name (Print)	Applicant's Signature	Date

Date received: _____   **DO NOT WRITE IN THIS BOX - OFFICIAL USE ONLY**

City Planning   *(Extensions Only):*

☐   Approved   ☐   Disapproved w/comments

Comments: _____

Name	Signed	Date

Inspection Division   *(if applicable):*

☐   Approved   ☐   Disapproved w/comments

Comments: _____

Name	Signed	Date

Disposition/comments by the plan review manager:

☐   Approved   ☐   Approved w/conditions   ☐   Disapproved w/comments

Comments: _____

Name	Signed	Date

Date _____   Receipt #: _____