



City and County of San Francisco
 Department of Building Inspection
 Finance Services

1660 Mission St, San Francisco, CA 94103
 Phone: (415) 575-6801 E-mail: dbi.refund@sfgov.org



Edwin M. Lee, Mayor

Tom C. Hui, S.E., C.B.O., Director

REQUEST FOR REFUND/PERMIT CANCELLATION FORM

(SEE BACK FOR INSTRUCTIONS)

SECTION I. JOB ADDRESS: (Please print clearly)			
Address:			
SECTION II. REQUESTOR'S INFORMATION: (Please check all that apply)			
<input type="checkbox"/> REFUND	<input type="checkbox"/> CANCELLATION <i>(for permits approved and issued)</i>	<input type="checkbox"/> WITHDRAWAL <i>(for permit applications that have not been issued)</i>	
<input type="checkbox"/> Owner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other: _____	
Name (First, Last)		Company Name	
Phone:	Fax:	Email:	
Refund Check Made Payable to: (Please print clearly)		Where to Send Refund to: (Please print clearly)	
Name (First, Last)		Address	
Company Name		City, State, Zip	
SECTION III. TYPE OF PERMIT TO BE REFUNDED: (<u>Only</u> provide ONE number per permit application type per job address per form)			
<input type="checkbox"/> Building Permit	<input type="checkbox"/> Plumbing Permit	<input type="checkbox"/> Electrical Permit	<input type="checkbox"/> Other: <i>(e.g., Street Space, etc.)</i>
Permit/Application Number:			
SECTION IV. REASON FOR REQUESTING REFUND/PERMIT CANCELLATION: (Please print clearly)			
SECTION V. ATTACHMENT: (Please Check All Applicable; All Documents for Building Permit Cancellation MUST Be Original)			
<input type="checkbox"/> Building Permit Application	<input type="checkbox"/> Issued Building Permit	<input type="checkbox"/> Job Card – if permit issued	<input type="checkbox"/> Authorization Letter to Release Refund to 3 rd Party (if applicable)
<input type="checkbox"/> Issued Plumbing Permit (Copy OK)	<input type="checkbox"/> Issued Electrical Permit (Copy OK)	<input type="checkbox"/> Board of Appeals Decision Notification	<input type="checkbox"/> Others (please specify):
SECTION VI. CERTIFICATION			
Signature:		Date of Request:	
FOR DBI STAFF USE ONLY			
Reviewed by:	First Name:	Last Name:	Date Stamp
	Notes:		
Permit Status:	<input type="checkbox"/> OK to Cancel	<input type="checkbox"/> OK to refund	

INSTRUCTIONS TO COMPLETE AND FILE A REFUND REQUEST FOR FEES PAID TO THE DEPARTMENT OF BUILDING INSPECTION

This REQUEST FOR REFUND FORM is used for the purpose of cancellation/or a refund for fees paid to the Department of Building Inspection. Withdrawal of a Permit Application must be completed before requesting a refund per Information Sheet G-06:

<http://www.sfdbi.org/modules/showdocument.aspx?documentid=2188>

NOTE: Refunds are determined by the Building Official of the Department of Building Inspection, based on the San Francisco Building Code. For general questions regarding refunds, please consult Section 110A, Table 1A-R – Refunds, of the San Francisco Building Code by visiting: <http://www.amlegal.com/library/ca/sanfrancisco.shtml>.

- To obtain a refund, please provide all the requested information.
- To avoid delays in processing your refund request, please write as neatly as possible.
- Please keep copies of all documents; original documents will NOT be returned.
- Refund requests can be hand delivered or mailed to: **Department of Building Inspection**
1660 Mission Street
Refund Unit– 6th Floor
San Francisco, CA 94103
- To check on the status of a refund, please send an e-mail to: dbi.refund@sfgov.org or call (415) 575-6801.

INSTRUCTIONS TO COMPLETE FORM:

SECTION I: JOB ADDRESS (top of form)

- Provide the Job Address for which a refund is being requested.

SECTION II: REQUESTOR'S INFORMATION

- Check appropriate boxes.
- Print legibly your first and last names, including company name if applicable.
- Provide your contact information in case of questions.
- Provide name and address of the party to receive the refund check.
*****NOTE: If the name of the person/company receiving the check is different from the payer of the permit, a written authorization letter from the payer is required before funds can be disbursed.**

SECTION III: TYPE OF PERMIT TO BE REFUNDED

- Provide applicable permit application numbers for which a refund is being requested for the job address.
*****NOTE: (A) Do NOT omit or transpose any digits or characters. (B) ONLY provide one (1) number per permit application type per job address per form.**

SECTION IV: REASON FOR REQUESTING REFUND/PERMIT CANCELLATION

- State reason(s) why a refund is being requested for the permit application.
*****NOTE: To avoid denial of refund, please be clear and concise.**

SECTION V: ATTACHMENT

- Check all appropriate boxes and attach documents.
*****NOTE: All documents for Building Permit cancellation MUST be original; NO photocopies or facsimiles will be accepted. Copies of electrical or plumbing are accepted.**

SECTION VI: CERTIFICATION

- Sign and date.