



DEPARTMENT OF BUILDING INSPECTION
City & County of San Francisco
1660 Mission Street, San Francisco, CA 94103-2414

Documentation of Findings for Priority Permit Application Processing

This form shall accompany all requests for priority processing of permit applications. A copy shall be maintained in the office of the Deputy Director for Permit Services, a copy shall accompany the permit application, and a copy shall be recorded as a permit document

Note: Boldface items are to be completed by the Permit Applicant.

Received Date: _____ Time: _____

Permit Application # _____

Property Address: _____

Block and Lot: _____ / _____ Occupancy Group: _____ Use: _____

Description of Proposed Work

I hereby declare that the information provided is accurate to the best of my knowledge and that I intend to undertake and complete the project described herein in compliance with the requirements for Priority Permit Processing detailed in DB/ Administrative Bulletin AB-004.

Signature of Applicant _____ Date _____

Print Name of Applicant _____ Phone Number _____

Findings/Basis for Priority Permit Review (based on AB-004)

Case A, Case B, Other (circle one) Item # _____

Comments/Findings: _____

Approved by: _____

Signature of DBI Supervisor or Manager

Print Name and Title _____

Date _____