



Attachment

REQUEST FOR DISAPPROVAL OF BUILDING PERMIT APPLICATION

Date: _____

Manager, Technical Services Division
Department of Building Inspection
1660 Mission Street, 1st Floor
San Francisco, CA 94103-2414

Dear Manager:

I request that my Building Permit Application No. _____ be disapproved for the purpose of taking the matter before the Board of Appeals. I understand that the other Checking Stations may not have concluded their portion of the review necessary to approve the application for a building permit.

I agree that the application shall be returned to: _____ for the permit processing after the Board of Appeals decision, if I wish to continue to pursue the permit.

Applicant's Signature

Print Name: _____

Mailing Address: _____

Contact Phone No.: _____

Email Address: _____

APPROVED FOR DISAPPROVAL BY: _____

Manager, Technical Services Division

Date