City and County of San Francisco Department of Building Inspection



Permit Application #: _____

Job Address: _____

Block/Lot Number: _____

SMALL BUSINESS MONTH FEE WAIVERS AFFIDAVIT

I declare under penalty of perjury that the applicant below is a small business with 100 or fewer employees.

Applicant's Signature:

Print Name:

Date: _____

Central Permit Bureau 1660 Mission Street– San Francisco CA 94103 Office (415) 558-6070 – FAX (415) 558-6170 – www.sfdbi.org