



Daniel Lurie, Mayor

David Kane, S.E. Interim Director

REQUEST FOR REFUND AND/OR PERMIT CANCELLATION FORM

(SEE BACK OF THIS FORM FOR INSTRUCTIONS)

SECTION I. JOB ADDRESS:			
Job Address:		Permit Application Number:	
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"/> Owner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other: _____	
Name:		Company Name:	
Phone:		Email:	
Refund Check Made Payable to: (Refunds should be to original payer)		Where to Send Refund to:	
Name:		Address:	
Company Name		City, State, Zip	
SECTION III. CERTIFICATION			
Signature: <i>signature required</i>		Date of Request:	
SECTION IV. TYPE OF PERMIT TO BE REFUNDED: (Only 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>
SECTION V. REASON FOR REQUESTING REFUND/PERMIT CANCELLATION:			
SECTION VI. ATTACHMENTS: (If any) Please Check All Applicable:			
<input type="checkbox"/> Building Permit Application	<input type="checkbox"/> Official Copy of Building Permit	<input type="checkbox"/> Job Card – For issued permit	<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):
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	
Inspection History?	<input type="checkbox"/> Yes <input type="checkbox"/> No	District:	Inspector:

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

General Information

This REQUEST FOR REFUND FORM is used for permit cancellation and/or to request a refund for fees paid to the Department of Building Inspection. Withdrawal of a filed permit application must be completed before requesting a refund per Information Sheet G-06: <https://www.sf.gov/file/unissued-extension-or-withdrawal-form>

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>. For refunds subject to the SF Electrical Code, permit fees may be partially refunded if cancellation request is made prior to commencement of the permitted work and within 90 days of the date of permit issuance per section 89.122(B).

- To request a refund and/or permit cancellation, please provide all the requested information.
- If the name of the person/company requesting to receive the refund is different from the payer of the permit, an authorization letter from the payer is required before any eligible refund can be disbursed.
- Refund requests can be sent to dbi.refund@sfgov.org or delivered to:

**Department of Building Inspection
Finance Services – Refund Unit
49 South Van Ness Avenue, Suite 500
San Francisco, CA 94103**

- To check on the status of a refund, please send e-mail to: dbi.refund@sfgov.org or call 628-652-3555.

INSTRUCTIONS TO COMPLETE FORM:

SECTION I: JOB ADDRESS & PERMIT APPLICATION NUMBER

- Provide the job address and permit number for refund and/or permit cancellation.

SECTION II: REQUESTOR'S INFORMATION

- Check appropriate boxes. (Refund and/or Cancellation, Contractor, Owner or other)
- Print legibly your first and last names, including company name if applicable.
- Provide your phone number and email in case of questions.
- If requesting a refund, 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: CERTIFICATION

- Sign and date.

SECTION IV: TYPE OF PERMIT TO BE REFUNDED

- Indicate permit type: Building, Plumbing, Electrical or other

SECTION V: 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 VI: ATTACHMENTS (Optional)

- Check all appropriate boxes and attach documents or send electronic copies of documents to dbi.refund@sfgov.org