



Gavin Newsom, Mayor

Vivian L. Day, Director, CBO

REQUEST FOR REFUND FORM

SECTION II. REQUESTOR'S INFORMATION:			
<input type="checkbox"/> Owner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other:	Name of Company:
First Name:		Last Name:	
Tel: () -		Fax: () -	
E-mail:			
Refund Check Made Payable to: (Please print clearly)		Address Where to Send Refund to: (Please print clearly)	
Attn: Last, First Name			
Name of Company:			
SECTION III. TYPE OF PERMIT TO BE REFUNDED: (Please write clearly and <u>only</u> provide ONE number per permit application type per job address per form)			
Building Permit Application Number:		Plumbing Permit Application Number:	
Electrical Permit Application Number:		Other Applicable Number: (e.g., Street Space, Mechanical Permit, etc.)	
SECTION IV. REASON FOR REQUESTING REFUND: (Please print clearly)			
SECTION V. ATTACHMENT: (Please Check All Applicable; All Documents 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	<input type="checkbox"/> Issued Electrical Permit	<input type="checkbox"/> Board of Appeals Decision Notification	<input type="checkbox"/> Others (please specify):
SECTION VI. CERTIFICATION			Date of Request: / /
Signature:			
*****FOR DBI STAFF USE ONLY*****			
Request Received By:	First Name:	Last Name:	Date: / /
Approved / Denied by:	Vivian L. Day, Director, C.B.O.	Signature:	Date: / /
OK to send out letter:	Pamela J. Levin, Fin'l Svcs Mgr	Signature:	Date: / /
Refund Status:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Amount: \$	FAMIS Document No.
Reason(s):			

SECTION I. JOB ADDRESS: (Please print clearly)

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

This REQUEST FOR REFUND FORM is SOLELY used for the purpose of requesting a refund for fees paid to the Department of Building Inspection.

- 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 dropped off in-person at the Information Help-Desk. If mailing, please send all documents to the following address: Department of Building Inspection, Finance Services, 1660 Mission Street, San Francisco, CA 94103, Attention: Refund Unit. NO FAXED OR E-MAILED REQUESTS ACCEPTED.
- To check on the status of a refund, please call (415) 558-6323 and leave a message or send e-mail to: dbi.refund@sfgov.org.

***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>.

INSTRUCTIONS TO COMPLETE FORM:

SECTION I: JOB ADDRESS (right side of form)

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

SECTION II: REQUESTOR'S INFORMATION

- Check appropriate box.
- 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

- 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 MUST be original; NO photocopies or facsimiles will be accepted.

SECTION VI: CERTIFICATION

- Sign and date.