



# DISCRETIONARY REVIEW APPLICATION

## APPLICATION SUBMITTAL REQUIREMENTS

Pursuant to Planning Code Section 311 (d) and 312 (e), the Planning Commission may exercise its power of Discretionary Review over a building permit application.

Please read the [Discretionary Review Informational Packet](#) carefully before the application form is completed.

### WHAT TO SUBMIT:

- Two (2) complete applications signed by owner or agent.
- A Letter of Authorization for Agent from the owner giving you permission to communicate with the Planning Department on their behalf.
- Photographs or plans that illustrate your concerns.
- Related covenants or deed restrictions (if any).
- A digital copy (CD or USB drive) of the above materials (optional)
- Payment via Check, Money Order or debit/credit for the required intake fee amount. (See [Fee Schedule and/or Calculator](#))

### HOW TO SUBMIT:

To file your Mandatory or Staff Initiated Discretionary Review application, please send an email request along with the intake appointment request form to: [CPC.Intake@sfgov.org](mailto:CPC.Intake@sfgov.org). Intake request forms are available here: <http://sf-planning.org/permit-forms-applications-and-fees>.

To file your Public Initiated Discretionary Review (Public) application, please submit in person at the Planning Information Center, 1660 Mission Street, first floor, with all required materials including a check payable to the Planning Department.

**Español:** Si desea ayuda sobre cómo llenar esta solicitud en español, por favor llame al 415.575.9010. Tenga en cuenta que el Departamento de Planificación requerirá al menos un día hábil para responder

中文：如果您希望獲得使用中文填寫這份申請表的幫助，請致電415.575.9010。請注意，規劃部門需要至少一個工作日來回應。

**Tagalog:** Kung gusto mo ng tulong sa pagkumpleto ng application na ito sa Filipino, paki tawagan ang 415.575.9121. Paki tandaan na mangangailangan ang Planning Department ng hindi kukulangin sa isang araw na pantrabaho para makasagot.



# DISCRETIONARY REVIEW APPLICATION

## Property Owner's Information

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Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Applicant Information (if applicable)

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Name: \_\_\_\_\_ Same as above

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Please Select Billing Contact:**       Owner       Applicant       Other (see below for details)

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please Select Primary Project Contact:**       Owner       Applicant       Billing

## Property Information

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Project Address: \_\_\_\_\_ Block/Lot(s): \_\_\_\_\_

Plan Area: \_\_\_\_\_

## Project Description:

Please provide a narrative project description that summarizes the project and its purpose.

**Project Details:**

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- Change of Use     New Construction     Demolition     Facade Alterations     ROW Improvements  
 Additions     Legislative/Zoning Changes     Lot Line Adjustment-Subdivision     Other \_\_\_\_\_

**Estimated Construction Cost:** \_\_\_\_\_

- Residential:**     Special Needs     Senior Housing     100% Affordable     Student Housing     Dwelling Unit Legalization  
 Inclusionary Housing Required     State Density Bonus     Accessory Dwelling Unit

- Non-Residential:**     Formula Retail     Medical Cannabis Dispensary     Tobacco Paraphernalia Establishment  
 Financial Service     Massage Establishment     Other: \_\_\_\_\_

**Related Building Permits Applications**

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Building Permit Applications No(s): \_\_\_\_\_

**ACTIONS PRIOR TO A DISCRETIONARY REVIEW REQUEST**

In reviewing applications for Certificate of Appropriateness the Historic Preservation Commission, Department staff, Board of Appeals and/or Board of Supervisors, and the Planning Commission shall be governed by *The Secretary of the Interior's Standards for the Treatment of Historic Properties* pursuant to Section 1006.6 of the Planning Code. Please respond to each statement completely (Note: Attach continuation sheets, if necessary). Give reasons as to *how* and *why* the project meets the ten Standards rather than merely concluding that it does so. IF A GIVEN REQUIREMENT DOES NOT APPLY TO YOUR PROJECT, EXPLAIN WHY IT DOES NOT.

PRIOR ACTION	YES	NO
Have you discussed this project with the permit applicant?		
Did you discuss the project with the Planning Department permit review planner?		
Did you participate in outside mediation on this case? (including Community Boards)		

**CHANGES MADE TO THE PROJECT AS A RESULT OF MEDIATION**

If you have discussed the project with the applicant, planning staff or gone through mediation, please attach a summary of the result, including any changes that were made to the proposed project.

## DISCRETIONARY REVIEW REQUEST

In the space below and on separate paper, if necessary, please present facts sufficient to answer each question.

1. What are the reasons for requesting Discretionary Review? The project meets the standards of the Planning Code and the Residential Design Guidelines. What are the exceptional and extraordinary circumstances that justify Discretionary Review of the project? How does the project conflict with the City's General Plan or the Planning Code's Priority Policies or Residential Design Guidelines? Please be specific and cite specific sections of the Residential Design Guidelines.

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2. The Residential Design Guidelines assume some impacts to be reasonable and expected as part of construction. Please explain how this project would cause unreasonable impacts. If you believe your property, the property of others or the neighborhood would be unreasonably affected, please state who would be affected, and how.

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3. What alternatives or changes to the proposed project, beyond the changes (if any) already made would respond to the exceptional and extraordinary circumstances and reduce the adverse effects noted above in question #1?

# APPLICANT'S AFFIDAVIT

Under penalty of perjury the following declarations are made:

- a) The undersigned is the owner or authorized agent of the owner of this property.
- b) The information presented is true and correct to the best of my knowledge.
- c) Other information or applications may be required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Relationship to Project  
(i.e. Owner, Architect, etc.)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

# APPLICANT'S SITE VISIT CONSENT FORM

I hereby authorize City and County of San Francisco Planning staff to conduct a site visit of this property, making all portions of the interior and exterior accessible.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date

For Department Use Only

Application received by Planning Department:

By: \_\_\_\_\_

Date: \_\_\_\_\_