

**RESPONSE TO**  
**DISCRETIONARY**  
**REVIEW (DRP)**



**SAN FRANCISCO PLANNING DEPARTMENT**  
1650 MISSION STREET, SUITE 400  
SAN FRANCISCO, CA 94103-2479  
MAIN: (415) 558-6378 SFPLANNING.ORG

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**Project Information**

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Property Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Building Permit Application(s): \_\_\_\_\_

Record Number: \_\_\_\_\_ Assigned Planner: \_\_\_\_\_

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**Project Sponsor**

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

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

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**Required Questions**

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1. Given the concerns of the DR requester and other concerned parties, why do you feel your proposed project should be approved? (If you are not aware of the issues of concern to the DR requester, please meet the DR requester in addition to reviewing the attached DR application.)  
\_\_\_\_\_  
\_\_\_\_\_
2. What alternatives or changes to the proposed project are you willing to make in order to address the concerns of the DR requester and other concerned parties? If you have already changed the project to meet neighborhood concerns, please explain those changes and indicate whether they were made before or after filing your application with the City.  
\_\_\_\_\_  
\_\_\_\_\_
3. If you are not willing to change the proposed project or pursue other alternatives, please state why you feel that your project would not have any adverse effect on the surrounding properties. Include an explanation of your needs for space or other personal requirements that prevent you from making the changes requested by the DR requester.  
\_\_\_\_\_  
\_\_\_\_\_

## Project Features

Please provide the following information about the project for both the existing and proposed features. **Please attach an additional sheet with project features that are not included in this table.**

	EXISTING	PROPOSED
Dwelling Units (only one kitchen per unit - additional kitchens count as additional units)		
Occupied Stories (all levels with habitable rooms)		
Basement Levels (may include garage or windowless storage rooms)		
Parking Spaces (Off-Street)		
Bedrooms		
Height		
Building Depth		
Rental Value (monthly)		
Property Value		

I attest that the above information is true to the best of my knowledge.

<b>Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	<input type="checkbox"/> Property Owner <input type="checkbox"/> Authorized Agent

*If you have any additional information that is not covered by this application, please feel free to attach additional sheets to this form.*