



A Tradition of Stewardship
A Commitment to Service

PERMIT REINSTATEMENT REQUEST

For Expired Permits Only

Reinstatements are granted at the discretion of the Building Official provided the permit holder has a legitimate reason for the request. Please complete the form below and submit it to our office for review. The permit will not be eligible for reinstatement if any of the three (3) items below apply.

- 1) Has this permit been expired more than 180 days? Yes No
- 2) Has this permit been reinstated twice on previous dates? Yes No
- 3) Is this request being made by anyone other than the original permit holder? Yes No

A non-refundable Reinstatement Request fee is due at the time of request. After a review of your request, you will be notified if the Reinstatement has been granted and if additional fees are due.

PROPERTY DESCRIPTION

APN# <input type="text"/>	Building Permit #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Street Address: _____	Was this application the result of a Code Violation? Yes <input type="checkbox"/> No <input type="checkbox"/>
Suite/Unit #: _____ City: _____ Zip: _____	Date permit expired: _____

PERMIT HOLDER

Name: _____	I am the: Owner <input type="checkbox"/> Authorized Agent <input type="checkbox"/>
Mailing Address: _____	City: _____ State: _____ Zip: _____
Phone: _____	Fax: _____ Email: _____

Please use the space below to provide an explanation for your request for the Permit Reinstatement. Be sure to sign and date the form below. **Your request will not be accepted without an explanation, a signature and date.**

Signature: **Date:** _____

FOR OFFICE USE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Inspection Supervisor Approval: _____ Code Enforcement Approval: _____ Permit Extended for: _____ Permit Tech. Processing Request: _____ Determination Date: _____	Payment Received Date: _____ New exp date: _____
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