



A Tradition of Stewardship
A Commitment to Service

PERMIT EXTENSION REQUEST

For Active Permits Only

Extensions are granted at the discretion of the Building Official on active permits provided the permit holder has a legitimate reason for the requested extension. Please complete the form below and submit it to our office prior to the permit expiration date. The extension will not be granted if more than one previous extension has been granted.

Has this permit had more than one previous extension? Yes No

A non-refundable Extension Request fee is due at time of request. After review of the request, you will be notified if Extension has been granted.

PROPERTY DESCRIPTION

APN# <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"/>	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"/>
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 is due to expire: _____

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 Extension. Be sure to sign and date the form below. **Your request will not be accepted without a signature and date.**

Signature: _____ **Date:** _____

FOR OFFICE USE	Code Enforcement Approval: _____ Permit will be extended for: _____ Permit Tech. Processing Request: _____ Determination Date: _____	Payment Received Date: _____ <hr/> New exp date: _____
Req Received Date		

