



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.

<b>PROPERTY DESCRIPTION</b> 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"/> Street Address: _____ Suite/Unit #: _____ City: _____ Zip: _____		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"/> Was this application the result of a Code Violation? Yes <input type="checkbox"/> No <input type="checkbox"/> Date Permit is due to expire: _____
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<b>PERMIT HOLDER</b> Name: _____ I am the: Owner <input type="checkbox"/> Authorized Agent <input type="checkbox"/> Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Email: _____	
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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.**

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

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

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**BE SURE TO SIGN & DATE THE REVERSE SIDE OF THIS FORM**