



For office use only:

Permit # _____
 Fee pd. _____
 Rec. # _____

Department Approval: _____ Date: _____ Due Date: _____

Application for Extension or Reactivation of a Project Permit

Date: _____ Permit Type: Building Plumbing Mechanical Electrical Demolition

Contact Information

Applicant (contact): _____ / _____ / _____
Name Phone Email

Applicant Role: Owner Architect Engineer Contractor Other(Describe): _____

Mailing address: _____ / _____ / _____ / _____
Address City State Zip

Owner: _____ / _____ / _____
Name Phone Email

Project Information

Project Name: _____ Plan Check/Permit No.: _____

Project Location: _____ APN : _____

Request Type: Application Extension Application Reactivation Permit Extension Permit Reactivation

Date of Last Inspection: _____ Date of Last RFI: _____

Length of Extension Requested: _____

Provide the reason as to why the extension is needed.
 What has prevented the completion of a RFI response or Inspection in the last six months

 Applicant Signature Applicant Name Date

**For Office Use Only
 Extension/Reactivation Request Determination**

The extension request is Approved Denied Conditionally Approved

Conditions/Comments: _____

 Building Official Date