



Community Development
BUILDING DIVISION
1444 West Garvey Avenue
West Covina, CA 91790
626-939-8425
Building@westcovina.org

Plan Check Extension Request

Project Address: _____ Plan Check Numbers: _____

Requestor: _____ Relation to Project: _____

Email: _____ Phone Number: _____

Plan Check Expiration Date: _____ Planning Approval Expiration Date: _____

Time requested to complete the project: _____

Reason for extension request:

Expiration

Expiration of Plan Review. Applications for which no permit is issued within one hundred eighty (180) days following the date of application shall expire by limitation and plans submitted for review may thereafter be returned to the applicant or destroyed by the building official. In order to renew action on an application after expiration, the applicant shall resubmit plans and pay a new plan review fee.

Extension

The building official may extend the time for action by the applicant for a period not exceeding one hundred eighty (180) days upon written request by the applicant showing that circumstances beyond the control of the applicant have prevented action from being taken.

Code Change

Plans submitted and designed under an older version of the code cannot be extended once the new code comes in to effect.

Extension Fee

The payment of an extension fee is determined by the Building Official, not to exceed 25 percent of the plan check fee.

Planning Approval

Building Division plan check cannot be extended by Building Division if the Planning Division Approval has expired. The extension for Building Division plan check cannot be extended further than the Planning Division approval expiration date. All extension requests must be approved by Planning and Building Division when Planning Division has a timeframe on their approvals. Please check your Planning Division conditions of approval for their approval expiration date.

By signing below, I acknowledge that I have read and understand the above statements and all information is accurate to the best of my knowledge

Applicant's Signature

Please Print Full Name

Date

This is the 1st Request 2nd Request 3rd or more Request

Planning Division Staff

Approved

Denied

Comments:

Date: _____

Staff Name: _____

Title: _____

Signature: _____

Building Division Staff

Approved

Denied

Comments:

Date: _____

Staff Name: _____

Title: _____

Signature: _____

Plan Check Fee: _____

Extension Fee: _____

New Expiration date: _____