



REQUEST FOR EXTENSION OR REACTIVATION OF PERMITS

Instructions: This form shall be completed in its entirety to request for permit extension or reactivation of expired permits.

Project Address: _____ Today's Date: _____

Permit Number(s): _____ Expiration Date(s): _____

Petitioner/Owner Name: _____ Phone Number: _____

Brief description of hardship and reason for requesting extension/reactivation: _____

Number of days or months requesting for extension: _____

Expected Date of Completion: _____ Signature: _____

Petitioner/Owner

FOR CITY STAFF USE ONLY

This is the 1st, 2nd, 3rd or more request.

Has the work been started? NO YES, (what stage?) _____

Is this a CEO case? NO YES

Other relevant information: _____

Processed By: _____ Date: _____

DISPOSITION

The request is:

DENIED for the following reasons: _____

 APPROVED with the following conditions: _____

Time of Extension (Months/Days): _____

Fees: Reactivation Processing Special Investigation Inspection Hourly: _____

By: _____ Date: _____

