CITY OF SAN BERNARDINO

201 N. "E" STREET SAN BERNARDINO, CA 92401 (909) 384-7272

COMMUNITY DEVELOPMENT DEPARTMENT

REQUEST FOR PERMIT EXTENSION

PERMIT NUMBER: _____ DATE OF PERMIT: _____

JOB ADDRESS: _____

PROPERTY OWNER: _____

PERMITTEE'S PHONE NUMBER: _____

DATE OF LAST INSPECTION: _____

PROJECTED EXPIRATION DATE: _____

REASON FOR EXTENSION REQUEST:

_____

_____

_____

_____

_____

AUTHORIZED SIGNATURE: _____ *DATE:* _____

(ATTACH COPY[S] OF THE PERMIT[S] AND INSPECTION CARD[S].)

All written extension requests are subject to the Building Official approval.

OFFICE USE ONLY

☐ APPROVED ☐ DENIED

BUILDING OFFICIAL: _____ DATE: _____