THE CITY OF
EL CERRITO

COMMUNITY DEVELOPMENT DEPARTMENT
10890 San Pablo Avenue
El Cerrito, CA 94530
Tel.: 510.215.4360

BUILDING PERMIT EXTENSION REQUEST

Date: _____ Permit Number(s): _____

Job Address: _____

Person Requesting Extension: ☐ Owner ☐ Contractor ☐ Agent

Reason for Request:

_____

_____

_____

_____

_____

_____

_____

_____

I understand that I am allowed one (1) six-month extension. If the work has not started or been completed by the end of this period, and no inspections have taken place, my permit will expire. To keep my permit active, I must schedule at least one inspection during this time.

If my permit expires, I will be required to reapply under the current building codes and pay the applicable fees at the time of reapplication.

Name (*Please Print*) _____ Signature _____