

## EXTENSION ALL BUILDING PERMITS & APPLICATIONS



Building Department  
1088 College Ave.  
St. Helena, CA 94574  
(707) 967-2779

### OFFICE USE ONLY

BUILDING PERMIT#: \_\_\_\_\_

PARENT PL#: \_\_\_\_\_ PARENTBD#: \_\_\_\_\_

ADMIN FEE RECEIVED: ☐ YES ☐ NO

CBO SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

For additional information, forms & documents please visit us on the web at: [Building Forms & Handouts | St Helena, CA](http://Building Forms & Handouts | St Helena, CA)  
([cityofstheleena.gov](http://cityofstheleena.gov))

Extensions are granted at the discretion of the Chief Building Official on active permits provided the applicant has a justifiable cause, and the work will continue within the extended time frame. Extensions are also granted on active pending permit applications provided the applicant has justifiable cause, and completion of the application will occur within the extended timeframe. Extensions will not be granted for applications on which all departments have completed their review (permits that are ready to be issued).

Please complete the form below and submit it to the Building Department prior to the permit's expiration date. **Applicant shall pay an administrative fee of \$77 with this application.** Please use a separate form for each permit extension request or permit application extension request.

PROJECT NAME: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

Request for: ☐ Issued Permit Extension ☐ Permit Application Extension

DATE PERMIT IS DUE TO EXPIRE : \_\_\_\_\_

### REQUESTOR INFORMATION

 All communication from our office will be made to this person via email.

Name: \_\_\_\_\_ I AM: ☐ Contractor ☐ Authorized Agent ☐ Owner

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please use the space below to provide a justifiable cause for your need of an extension. Be sure to sign and date the form below. You may provide your request via letter along with this form. All requests must be signed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_