



COUNTY OF MENDOCINO
DEPARTMENT OF PLANNING AND BUILDING SERVICES

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REQUEST FOR PERMIT/APPLICATION EXTENSION

Date \_\_\_\_\_

OWNER INFORMATION

Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

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

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

I Hereby Request an Extension for the following Permit or Application number(s):

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

I am requesting an extension for the following reason:

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

Requestor's Signature: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

A request to extend the permit(s) or application has been:

Approved through: \_\_\_\_\_

Fee: \_\_\_\_\_ Receipt # \_\_\_\_\_

Denied due to the following reason(s):

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

\_\_\_\_\_  
Building Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Planner

\_\_\_\_\_  
Date