



**COUNTY OF MENDOCINO**  
**DEPARTMENT OF PLANNING AND BUILDING SERVICES**  
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**Administrative Permit Renewal Form**  
**(Family Care Unit/Construction Support only)**

Case Number \_\_\_\_\_  
 Date Rec \_\_\_\_\_  
 Fees Paid \_\_\_\_\_  
 Receipt # \_\_\_\_\_  
 Staff \_\_\_\_\_

PLEASE CHECK THE APPROPRIATE BOX AND RETURN TO THE ADDRESS NOTED ABOVE WITH ANY APPLICABLE FEES.

- THE LIVING UNIT IS NO LONGER NEEDED AND HAS BEEN REMOVED FROM THE PROPERTY AND THE ADMINISTRATIVE PERMIT IS NO LONGER NEEDED.  
 DATE REMOVED \_\_\_\_\_
  
- THE LIVING UNIT IS STILL IN USE AS A FAMILY CARE UNIT. I UNDERSTAND THAT I WILL NEED TO APPLY FOR A NEW/RENEW ADMINISTRATIVE PERMIT. I AM ENCLOSED THE FILING FEE OF \_\_\_\_\_ AS REQUIRED. I AM AWARE THAT I AM RESPONSIBLE FOR RENEWING THE PERMIT WITHOUT BEING NOTIFIED BY MENDOCINO COUNTY TO DO SO. WHEN THE LIVING UNIT NO LONGER MEETS THE REQUIREMENTS OF FAMILY CARE/CONSTRUCTION SUPPORT UNIT UNDER AN ADMINISTRATIVE PERMIT, I MUST NOTIFY MENDOCINO COUNTY AND STOP USING THE STRUCTURE AS LIVING SPACE.
  
- I AM NO LONGER USING THE UNIT AS A FAMILY CARE UNIT/CONSTRUCTION SUPPORT UNIT AND WOULD LIKE TO CONVERT TO ANOTHER USE (AS PERMITTED) PLEASE CONTACT THIS OFFICE WITHIN 30 DAYS FROM THE DATE OF THIS LETTER FOR INFORMATION ON HOW TO CONVERT.

Administrative Permit Application # \_\_\_\_\_

\_\_\_\_\_  
 Owner (print name)

\_\_\_\_\_  
 Assessor's Parcel Number

\_\_\_\_\_  
 Applicant (print name)

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Site Address

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

Please fill out and return the Renewal form with a copy of the enclosed letter. A non-response to this request will deem this application closed. If at a future date, it is determined that the use is still in existence, it may be determined to be a Violation of County Code and action may be taken.