



COUNTY OF MENDOCINO
DEPARTMENT OF PLANNING AND BUILDING SERVICES
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REQUEST FOR PERMIT REINSTATEMENT

DATE _____

OWNER INFORMATION

Name: _____

Property Address: _____

City/State/Zip: _____

Phone Number: _____

Mailing Address: _____

I Hereby Request a Reinstatement for the following:

Permit number(s):

I am requesting a reinstatement for the following reason:

Requestor's Signature: _____

DO NOT WRITE BELOW THIS LINE

A request to reinstate the permit(s) has been:

Approved through: _____

Fee _____

Receipt # _____

Denied due to the following reason(s):

Building Official

Date