



**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