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 Peri	mit or Application number(s):
I am requesting an extension for the following reason:	
Requestor's Signature:	
DO NOT WRITE BELOW	V THIS LINE
A request to extend the permit(s) or application has b	peen:
☐ Approved through:	
Fee: Receipt #	#
☐ Denied due to the following reason(s):	_
Building Official	Date