CITY OF SANTA FE SPRINGS

Building and Safety Division

REQUEST FOR EXTENSION

Date: _____

Name: (print): _____

Person requesting the extension is: Owner: _____ Contractor: _____

Property address: _____

Mailing Address: _____

Phone # _____ Cell phone: _____

Are you requesting an extension for building permits? Yes: ☐ No: ☐

Are you requesting an extension for Plan Check? Yes: ☐ No: ☐

Permit Number(s): _____

How long do you want an extension for? _____ (Days)

Are you requesting an extension for a Code Enforcement Case? Yes: ☐ No: ☐

What is the Code Enforcement Case Number? _____

How long do you want an extension for? _____ (Days)

Reason for extension: (Please print):

_____

_____

_____

_____

_____

_____

(If additional space is needed, please use the back of this sheet)

Received By: _____ Date: _____

Extension Approved: ☐ Reviewer: _____

Extension Denied: ☐ New Expiration Date: _____

Length of Extension: _____(Days)