



# Request for Extension of Time for a Permit Application or an Issued Building Permit

**Instructions:** Please complete and submit either page 1 (for an application extension request) or page 2 (for an extension request for an issued permit). Return the completed form to: City of Sonoma Building Inspector, #1 the Plaza, Sonoma CA 95476. **A permit or permit application extension request fee of \$77.00 is due and payable to the City of Sonoma at the time of submittal of this form.**

*Permit Applicant to complete this portion of the form for permit applications that are not yet issued.*

Property Address: \_\_\_\_\_

Description of Work: \_\_\_\_\_

## **Extension Request for a Permit Application**

*(Building permit applications normally expire 180 days after the application is made)*

I hereby request that my building permit application remain active and in good standing for a period of \_\_\_\_\_ days (the request for Permit Application extension shall not exceed 365 days from the original date of application). I understand that this request may be denied or shortened if the applicable construction codes have changed since the date of my original application. The reason(s) why the extension is necessary is as follows:

I certify under penalty of perjury that I am the permit applicant listed on the subject permit application and I understand that if an extension is granted, the building permit application will expire on the Permit Application Expiration Date so indicated below.

\_\_\_\_\_  
(Print) Name of Permittee (Contractor, Owner or Authorized Agent)

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Signature of Permittee (Contractor, Owner or Authorized Agent)

\_\_\_\_\_  
Date

### **For Office Use**

Permit Application Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized by

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Permit Extension Fee (See BL-09): \$77.00  
100-00000-000-30115

Payment Rec'd. By: \_\_\_\_\_ Date: \_\_\_\_\_

# Request for Extension of Time for an Issued Permit

Permittee (Contractor, Owner or Authorized Agent) to complete this portion of the form for permit already issued.

Property Address: \_\_\_\_\_

Description of Work: \_\_\_\_\_

## **Extension Request for an Issued Permit**

Section 18938.6 of the CA Health and Safety Code provides that every permit shall remain valid if the work on the site authorized by that permit is commenced within 1 year after its issuance, unless the permittee has abandoned the work authorized by the permit. The building official may grant, in writing, one or more extensions of time for periods of not more than 180 days per extension. The permittee shall request an extension pursuant to this subdivision in writing and demonstrate justifiable cause for the extension. Every permit issued shall become invalid after 4 years from the date of issuance.

For work covered under Building Permit # \_\_\_\_\_ I hereby request an extension of time for a period of \_\_\_\_\_ days (*not to exceed 180 days*) to:

- schedule and obtain an onsite regular progress inspection; or
- complete all work and schedule and obtain final inspection approval.

The reason(s) why the extension is necessary is as follows:

I certify under penalty of perjury that I am the permittee (contractor, owner or authorized agent of the owner) of the above-stated permit. I understand that the above-stated building permit will expire by limitation if the work covered under the permit is not commenced within 1 year of the date the permit was originally issued or if the work is suspended, abandoned or if no regular inspections are completed and approved within any 180-day period following the commencement of work.

\_\_\_\_\_  
(Print) Name of Permittee (Contractor, Owner or Authorized Agent)

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Signature of Permittee (Contractor, Owner or Authorized Agent)

\_\_\_\_\_  
Date

### **For Office Use**

Permit Issued Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Permit Extension Granted Until: \_\_\_\_\_

\_\_\_\_\_  
Authorized by

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Permit Extension Fee (See BL-09): \$77.00  
100-00000-000-30115

Payment Rec'd. By: \_\_\_\_\_ Date: \_\_\_\_\_