City of Pasadena
Planning &Community Development Department
Building & Safety Division

REQUEST FOR EXTENSION OF BUILDING PERMIT OR PLAN CHECK

Owner Name: _____Phone Number: _____

Contact name: _____ Phone Number: _____

PROJECT ADDRESS: _____Today's Date: _____

PERMIT NUMBER(S): (1) _____ (2) _____

(3) _____ (4) _____ (5) _____

Brief description and reason for requesting for extension: _____

_____

_____

_____

Number of days requesting for extension: _____ Expected date of completion: _____

_____ _____

Signature: Owner ☐ Contact/Agent ☐ Date

DISPOSITION – STAFF USE ONLY

APPROVED ☐ DENIED ☐

NUMBER OF DAYS EXTENSION GRANTED FOR: _____

APPROVED BY: _____ DATE: _____

Notes: _____

Signature: _____

175 North Garfield Avenue, Pasadena, CA 91101-1704
(626) 744-4200 . Fax (626) 744-3979
www.cityofpasadena.net