



CITY OF PASADENA

BUILDING AND SAFETY DIVISION

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(626) 744-4200 • Fax: (626) 744-3979 • Email: permit_center_manager@cityofpasadena.net
www.cityofpasadena.net

REQUEST FOR PERMIT RE-ACTIVATION

Owner Name: _____ Phone Number: _____

Email: _____

Contact Name: _____ Phone Number: _____

Email: _____

PROJECT ADDRESS: _____ Today's Date: _____

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

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

Brief description of remaining work: _____

Is project completed? Yes No

If No, expected date of completion: _____

Signature: Owner Contact/Agent

Date

DISPOSITION – STAFF USE ONLY

APPROVED DENIED

APPROVED BY: _____ DATE: _____

Notes: _____

Signature: _____