City of Half Moon Bay Public Works and Building Department

Permit or Plan Check Extension Request Form

Permit Number:_____ Date Permit Issued:_____

Applicants Phone (H):_____ Work Phone:_____

Project Address:_____

Owner's Name:_____

Date of Last Documented Inspection: _____

Current Expiration Date:_____

Reason For Extension Request:_____

_____

_____

TYPE OF PERMIT

○ New Residential ○ Addition ○ Remodel

○ Patio Cover / Balcony / Deck / Retaining Wall

○ New Commercial ○ Tenant Improvement

○ Change of Use ○ Other:_____

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Applicant's Signature Date

Extension Approved Until: _____ ○ Denied

(New expiration date)

Comment:----------

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Approved By **Date**