



APPLICATION FOR BUILDING PERMIT / PLAN CHECK EXTENSION

*Plan Checks shall expire one-year after the submittal date. Permits shall expire 180-days after the date of issuance if substantial work has not been commenced, completed, inspected, and approved. Additionally, permits shall expire if at any time after work has commenced, further substantial work is not completed during any 180-day period. To be considered work must be inspected and approved by your Building Inspector. Once expired any documents submitted to the department shall be returned to the applicant or destroyed by the Building Official and the plan check fee forfeited to the City of Glendale. Upon request, if received prior to expiration the Building Official may extend the period of permit or plan check. Please be advised that applicants are **not** entitled to an extension and this application may be denied or altered, including the imposition of conditions, at the discretion of the Building Official.*

Date: _____

You can submit this form by fax or e-mail at PSApplication@glendaleca.gov

PROJECT ADDRESS, CITY AND ZIP (*Each address requires separate application*)

APPLICANT'S NAME:	MAILING ADDRESS:	PHONE NO.:
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E-MAIL ADDRESS

PROPERTY OWNER'S NAME:	MAILING ADDRESS:	PHONE NO.:
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E-MAIL ADDRESS

CONTRACTORS'S NAME <i>COMPANY NAME</i>	STATE LICENSE NO.	CBL EXPIRATION DATE:
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If permit issued to a contractor, contractor's license and City Business license must be current.

Has an extension been granted for this project before? Yes No (if yes please attach a copy of such extension)

Permit / Plan Check Number(s) - (list each permit or plan check number)

Reason for Extension:

The extension application fee is not refundable

Check box that applies:

- Request for Plan Check Extension **\$151.00**
- Request for Permit Extension **\$158.00**

Signature: _____

★ PLEASE ALLOW A MINIMUM OF TWO WEEKS FOR PROCESSING

STAFF USE ONLY BELOW THIS LINE

Permit / Plan Check No. _____	New expiration date: _____
<input type="checkbox"/> Denied	Approved _____

Accepted by:	Date:	Receipt No.
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