City of Santa Rosa

Request for Plan Review Extension

FEE REQUIRED

Application #: _____ Date Applied: _____

Applicant Phone #1 _____ Phone #2 _____

Job Address: _____

Owner Name: _____

Projected Expiration Date: _____

Reason for Extension Request: _____

_____

_____

_____

Please attach a copy of the application

TYPE OF PERMIT

☐ Residential ☐ Commercial/Industrial

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☐ New Building ☐ Addition/Alteration ☐ Pool/Spa

☐ Fence/Block Wall/ Retaining Wall ☐ Patio Cover/Balcony

☐ Other: _____

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_____ Date: _____

Applicant Signature

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☐ FEE PAID

☐ Extension Approved: _____ ☐ Extension Denied

(New expiration date)

_____ Date: _____

Chief Building Official

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