City of San Juan Capistrano
Development Services Department
32400 Paseo Adelanto
San Juan Capistrano, CA 92675
Phone: (949) 443-6347
Email: building@sanjuancapistrano.org
www.sanjuancapistrano.org/building

PERMIT/PLAN CHECK EXTENSION REQUEST FORM

INSTRUCTIONS: EMAIL COMPLETED FORM TO **BUILDING@SANJUANCAPISTRANO.ORG**.

TYPE OF EXTENSION: ☐ **PLAN REVIEW EXTENSION** ☐ **PERMIT EXTENSION**

PERMIT #: _____

PROJECT ADDRESS: _____

DESCRIPTION OF WORK: _____

APPLICANT NAME: _____

PHONE #: _____

EMAIL: _____

DATE OF LAST PLAN CHECK: _____

DATE OF LAST INSPECTION: _____

CURRENT EXPIRATION DATE: _____

REASON FOR REQUEST

ONLY ONE 180-DAY PERMIT/PLAN CHECK EXTENSION IS ALLOWED.

By signing below, I acknowledge that if work is not completed within the required time frame, the permit or plan check will expire and additional fees will be incurred to reissue or resubmit the project.

_____ _____

Applicant's Signature **Date**

Extension Request: ☐ **Approved** ☐ **Denied**

New Expiration Date: _____

Comments: _____

_____

Approved by: _____ **Date:** _____