



City of San Juan Capistrano
Development Services Department
32400 Paseo Adelanto
San Juan Capistrano, CA 92675
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<http://www.sanjuancapistrano.org/>

PERMIT/PLAN CHECK EXTENSION REQUEST FORM

PERMIT #: _____

PROJECT ADDRESS: _____

DESCRIPTION OF WORK: _____

APPLICANT NAME: _____

PHONE #: _____

EMAIL: _____

OWNER NAME: _____

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:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
New Expiration Date:	_____	
Comments:	_____	

Approved by:	_____	Date _____