



COUNTY OF SANTA CRUZ

PLANNING DEPARTMENT

701 OCEAN STREET, 4TH FLOOR, SANTA CRUZ, CA 95060
(831) 454-2580 FAX: (831) 454-2131 TDD: (831) 454-2123

Request for Permit Extension

Instructions for using this form

The cost of an extension is based on a standard processing fee, and a possible inspection fee depending upon the last inspection completed on the project. Please check with a Building Counter Technician for the total amount due and submit this form in person or by mail with a check made out to the County of Santa Cruz, to the following address:

County of Santa Cruz Planning Department
ATTN: Building Counter
701 Ocean St, Room 400 Santa Cruz, CA 95060

I request an extension for the following reasons:

- I have demonstrated a good faith effort to commence or continue construction; however, financial or other hardships have temporarily delayed work on my project; (Extension limited to 6 months per request. A written explanation must be attached).
- A development moratorium has been imposed on my construction site which prohibits or delays construction; (Extension limited to 6 months per request)
- A lawsuit which prevents, delays, or prohibits work on my project has been filed and is pending in court; submit complaint, pleadings and answers. See County Ordinance 12.10.335 (c), for details.

Check all boxes

- My permit has not yet expired by limitation; (A permit expires by limitation if it is not inspected and approved by a County Building Inspector within one year of the permit being issued, or if 6 months has elapsed since the last inspection and approval by a County Building Inspector); and
- No change is made in the description of the work, building plans, or location or design of any structure; and
- The work described in my permit is not required to be completed to rectify a previously issued stop work order; (Contact the Code Compliance Section if you have an unresolved violation to see if your project is eligible for an extension); and
- I have Checked** with a Building Counter Technician for the total amount due and enclosed a check made out to the County of Santa Cruz. Regardless of the county's determination, I understand that the fees will not be refunded.

Date: _____ APN: _____
Application #: _____
Print Name: _____ Signature: _____

COUNTY USE ONLY BELOW THIS LINE

Approved Time Granted: _____
Denied
Staff: _____