



PLAN REIEW EXTENSION REQUEST

City of Larkspur Building Department
400 Magnolia Ave.
Larkspur, CA 94939
(415) 927-5038

OFFICE USE ONLY

PERMIT NO.: _____

DATE ISSUED: _____ ISSUED BY: _____

RECEIPT NO.: _____ TOTAL: \$ _____

PROPERTY/PERMIT INFORMATON

Site Address: _____ Application Number: _____

Commercial: Tenant name, and Suite Number: _____

RESIDENTIAL	COMMERICAL	OTHER	GRADING CUBIC YARDS: _____
.....
ALTER/REPAIR/T.I.	ADDITION	NEW	OTHER: _____

Has this project been subject to Planning approval? Yes No If yes, provide application number: _____

Is the permit being pulled as "owner-builder"? Yes No

Attach a copy of the application, fees may apply.

Projected Expiration Date: _____

Reason for Extension Request: _____

PROPERTY OWNER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

APPLICANT: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

CONTRACTOR: _____

LICENSE #: _____ CLASS _____ EXP: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

ARCHITECT/ENGINEER: _____

LICENSE #: _____ EXP: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

SIGNATURE

APPLICANT SIGNATURE	PRINT NAME	DATE
I represent the: Owner Contractor Authorized Agent (Please provide a signed "Agent Authorization Form" or letter)		

OFFICE USE ONLY

PLAN REVIEW EXTENSION APPROVED; NEW EXPIRATION DATE: _____

PLAN REVIEW EXTENSION DENIED

CHIEF BUILDING OFFICIAL SIGNATURE	PRINT NAME	DATE
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