



Permit Service Center

Permit Extension Request- (1st Time Extension Only)

Please Print

6 digit- Permit # _____ - _____ **Project Address** _____

Permit Issue Date: ____/____/____

Permit Expiration Date: ____/____/____

OWNER NAME as it appears on permit _____

APPLICANT NAME as it appears on permit (if different from owner) _____

Address _____

Address _____

City _____

City _____

Phone (_____) _____

Phone (_____) _____

Email: _____

Email: _____

Check off all applicable trades to be requested for **FIRST TIME** extensions only:

- Building \$200.00
- Electrical \$57.00
- Mechanical \$57.00
- Plumbing \$57.00

Make Checks Payable to: City of Berkeley
 To pay with Visa or MasterCard, please complete the separate Credit Card form or Pay at Counter
 Mail or Bring with payment to:
 1947 Center Street, 3rd Floor Berkeley, CA 94704
 or
 FAX to : 510.981.7450

I certify under penalty of perjury that I am the authorized agent of the owner of this property and I hereby request a 1st time extension of time of one year to complete the work in accordance with BMC Section 19.28.020.

Signature of
Owner/Applicant: **X** _____ Date ____/____/____

For Office Use Only

Payment Information:

Visa M/C Cash Check# _____ Receipt#: _____ Date ____/____/____

HTE Input by: _____ Revised Expiration Date(s): Bldg ____/____/____ Elec ____/____/____ Mech ____/____/____ Plumbing ____/____/____