



COUNTY OF MENDOCINO

DEPARTMENT OF PLANNING AND BUILDING SERVICES

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REQUEST FOR EXTENSION/REINSTATEMENT

OWNER/AUTHORIZED AGENT INFORMATION

Property Owner Name: _____

Authorized Agent Name (If Different): _____

Property Address: _____

City/State/Zip: _____ Phone: _____

Mailing Address: _____

City/State/Zip: _____

I hereby request: ☐ An Extension ☐ A Reinstatement (*expired permits*) For:

☐ An Application ☐ A Permit

Application/Permit No(s): _____

I am making the request for the following reason(s): _____

By signing and submitting this document I acknowledge that the application or permit may be subject to any newly adopted Building and/or County Codes, and any fees adopted by the Mendocino County Code of Supervisors.

Requestor's Signature: _____

Date: _____

PLANNING DIVISION (PLANNER)

☐ Approved

☐ Denied due to the following:

Planner (print name): _____ Date: _____

BUILDING DIVISION (INSPECTOR)

☐ Approved

☐ Denied due to the following:

Inspector (print name): _____ Date: _____

BUILDING DIVISION (PERMIT TECHNICIAN)

☐ Approved

☐ Denied due to the following:

Fee: _____ Receipt # _____

Permit Technician (print name): _____ Date: _____