# COUNTY OF RIVERSIDE
# DEPARTMENT OF BUILDING AND SAFETY

## REQUEST FOR PERMIT EXTENSION

MIKE LARA
DIRECTOR

Permit Number: _____ Today's Date: _____

Job Address: _____

Name: _____

Address: _____

Phone Number: _____ Fax Number:_____ Email (optional)_____

Reason for Extension Request: _____

_____

_____

Signature:_____ Date: _____

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## Office use only

Extension Approved To: _____ _____
**New expiration date** Account balance
Deposit based

Denied: _____ Reason for denial _____

_____

_____

_____ _____
Manager's Approval Date

*Form 284-93 (6-2011)*

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