



Building and Safety

Permit Extension Request- (2nd or Subsequent)

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 extension:

Building \$340.00 Electrical (no charge) Mechanical (no charge) Plumbing (no charge)

2nd and Subsequent extensions REQUIRE brief answers to ALL of the following:

1) Reason for Delay: _____

2) The new estimated completion date: ____/____/____

3) Work yet to be completed: _____

4) Dates & Types of any "Approved/Finalized Inspections" or write "None" if none have been finalized: _____

(For example: Building Rough, 10/10/10, Plumbing Rough, 10/10/10 etc.)

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

Signature of

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

INSTRUCTIONS: Please complete BOTH sides of form and sign, then Scan both sides and email as a PDF attachment to: BuildingandSafety@CityofBerkeley.info or Send via Fax to: 510.981.7450. You may also Mail or Bring to: 2120 Milvia Street Berkeley, CA 94704

PAYMENT DETAILS: If paying with credit card, please provide credit card information on the other side of this form. If paying by check (payable to City of Berkeley), we will notify you via phone or email to request payment once your request has been reviewed.

For Office Use Only

Approved Denied

X _____ Date ____/____/____

Supervising Building Inspector

Explanation: _____

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



Planning and Development
Building and Safety Division

**PERMIT EXTENSION REQUEST (2nd or Subsequent)
CREDIT CARD HOLDER INFORMATION**

INSTRUCTIONS: Please complete both sides of form and sign, then Scan and email as a PDF attachment to:
BuildingandSafety@CityofBerkeley.info or Send via Fax to: 510.981.7450.
You may also Mail or Bring to: 2120 Milvia Street Berkeley, CA 94704

Credit Card Authorization Form

Permit Extension (2nd or Subsequent)

CARD HOLDER INFORMATION

Name on Credit Card:		
Card Holder Billing Address:		
City:	State:	Zip:
Telephone:	Email Address:	

PAYMENT AUTHORIZATION

Card Type: Visa MasterCard

Card Number: _____ Exp. Date: _____

Card Identification Number (CVV2 Code: _____
(Visa & MasterCard: 3 digits on back)

Date: _____ Permit #: _____ Project Address: _____

I, _____ authorize the City of Berkeley to process a charge against my
credit card account in the amount of \$ _____ for the payment of _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

Print Name as it appears on Credit Card: _____ Signature: _____ Date: _____

➤ ***Note: The City of Berkeley does not keep a file of Credit Card numbers. At the completion of the transaction, this document with your credit card number will be shredded.***