

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 \$170.00
- Electrical (no charge)
- Mechanical (no charge)
- Plumbing (no charge)

Make Checks Payable to: City of Berkeley

To pay with Visa or MasterCard, please complete the separate Credit Card Form on other side of this form

Mail or Bring with payment to:

2120 Milvia Street Berkeley, CA 94704

or

FAX to : 510.981.7505

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

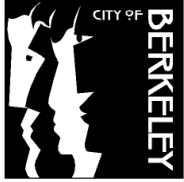
Owner/Applicant: **X** _____ Date ____/____/____

For Office Use Only

Payment Information:

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

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



Planning Department
Permit Service Center

City of Berkeley
2120 Milvia St.
Berkeley, CA 94704
Tel: 510 981-7500
Fax: 510 981-7505

Credit Card Authorization Form

1st Permit Extension

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.**