

## **CITY OF NEWPORT BEACH**

## COMMUNITY DEVELOPMENT DEPARTMENT BUILDING DIVISION

100 Civic Center Drive | P.O. Box 1768 | Newport Beach, CA 92658-8915 www.newportbeachca.gov | (949) 644-3200

## Three Year Construction Time Limit Extension Building Official Application

Project Address:					Receipt No.:		
Permit No.:		Original Permit Issued Date:			Extension Fee: \$214	Date Fee Paid: / /	
PETITIONER/PROPERTY OWNER INFORMATION							
Name (Must be payor of fees):			Company Name:				
Street Address:			City:	•••••	State:	Zip Code:	
				<del>-</del>			
Email:				Phone:			
PROJECT INFORMATION							
Length of extension requested:							
New end date if request is approved:							
ļ.,,	sion(s) Granted? (Y/N	1):	If Yes,	If Yes, How Many?:			
Description of Work Under Permit:							
Reason for Extension Request	(Attach Supporting Documents as Needed)						
I HEREBY CERTIFY THAT THE ABOVE STATEMENT IS TRUE.							
Petitioner's Signature:			Relationship to Property Owner:			Date: / /	
FOR STAFF USE ONLY							
Department Action: ☐ Approved ☐ Denied							
Conditions of Approval							
or							
Comments:							
Building Inspect Reviewed:	ctor Name:		Signature:			Date: / /	
Building Officia Approval:	al Name:		Signature:			Date: / /	