



The preparer is legally responsible for signatures whether a graphic, typewritten, or handwritten. Documents may not be restricted by digital signatures or otherwise.

Permit extensions are limited to six (6) months per request. The cost of an extension is based on a standard processing fee, and, in some cases, an inspection fee depending upon the last inspection completed on the project.

A. Project Information	
APN: _____	Date: _____
Permit No.: _____	
Name: _____	Email: _____

B. I request an extension for the following reason
<input type="checkbox"/> I have demonstrated a good faith effort to commence or continue construction; however, financial, or other hardships have temporarily delayed work on my project. Attach a written explanation of your hardship. <input type="checkbox"/> A development moratorium has been imposed on my construction site which prohibits or delays construction. <input type="checkbox"/> A lawsuit which prevents, delays, or prohibits work on my project has been filed and is pending in court. Submit complaint, pleadings, and answers. See County Ordinance 12.10.335(c) for details.

C. Check All Boxes Below
<input type="checkbox"/> My permit has not yet expired by limitation. A permit expires by limitation if it is not inspected and approved by a County Building inspector within one year of the permit being issued, or if 6 months have elapsed since the last inspection and approval by a County Building inspector. <input type="checkbox"/> No change is made in the description of the work, building plans, or location or design of any structure; and <input type="checkbox"/> The work described in my permit is not required to be completed to rectify a previously issued stop work order. (Contact the Code Compliance section if you have an unresolved violation to see if your project is eligible for an extension); and <input type="checkbox"/> I have checked with a Building Technician for the total amount due and have enclosed a check made out to the County of Santa Cruz in that amount. Regardless of the County's determination, I understand that fees will not be refunded.

D. Instructions for Submitting this Form
<input type="checkbox"/> Complete this form in its entirety. <input type="checkbox"/> Submit additional information, as required (e.g., hardship description or lawsuit information). <input type="checkbox"/> Submit the form- in person (check online for counter hours) or by mail with a check made out to the County of Santa Cruz to the following address: County of Santa Cruz, Planning Division ATT: Building Counter 701 Ocean St., 4 th Floor Santa Cruz, CA 95060

Signature: _____

Date: _____