



# COUNTY OF SANTA CRUZ

PLANNING DEPARTMENT

701 OCEAN STREET, 4th FLOOR, SANTA CRUZ, CA 95060  
(831) 454-2580 FAX: (831) 454-2131 TDD: (831) 454-2123

**TOM BURNS, PLANNING DIRECTOR**

## Request for Extension of an Active Building Permit

### Instructions for using this form

Please complete this form in its entirety. Submit the form in person or by mail with a check in the amount of \$298.92 made out to the County of Santa Cruz, to the following address:

**County of Santa Cruz Planning Department  
ATTN: Building Counter  
701 Ocean St, Room 400  
Santa Cruz, CA 95060**

I request an extension for the following reasons:

- I have demonstrated a good faith effort to commence or continue construction; however, financial or other hardships have temporarily delayed work on my project; (Extension limited to 6 months per request. A written explanation must be attached )
- A development moratorium has been imposed on my construction site which prohibits or delays construction; (Extension limited to 1 year per request)
- 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.

### Check all boxes

- 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 one year has elapsed since the last inspection and approval by a County Building Inspector); and
- No change is made in the description of the work, building plans, or location or design of any structure;** and
- 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
- I have enclosed \$298.92** I understand that inaccurate information may result in denial of my request and that this fee will not be refunded.

Date: \_\_\_\_\_ APN: \_\_\_\_\_ Application# \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### **COUNTY USE ONLY BELOW THIS LINE**

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 DENIED  APPROVED Time Granted \_\_\_\_\_ Staff \_\_\_\_\_