



BUILDING PERMIT EXTENSION / REACTIVATION REQUEST FORM

IMPORTANT: Please complete a separate request form for each permit issued to a project address.

Today's Date: _____ Permit Number: _____

Project Address: _____
(Street Number and Name)

Provide justification for the extension or reactivation request.

Provide a timeline schedule for completing the permitted work.

Contact Name: _____

Company Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Telephone Number: _____

Email Address: _____

My Role: Property Owner Licensed Contractor Other _____
(brief description)

EMAIL completed form to: expiredpermits@cityofpaloalto.org