



City of Carpinteria Building & Safety

Permit Extension Request

Permit Number(s): _____

Job Address: _____

Issue Date of Permit: _____

Date of Last Inspection: _____

Owner: _____

Contact Number: _____

Contractor: _____

Contact Number: _____

Reason for Extension Request:

Owner or Authorized Signature

Date

Office Use Only:

Approved/Extension Date: _____

Denied

Building Official

Date