



REQUEST FOR EXTENSION OR REINSTATEMENT

COMMUNITY DEVELOPMENT DEPARTMENT

1400 Highland Avenue, Manhattan Beach, CA 90266-4795
 Telephone (310) 802-5500 FAX (310) 802-5501 TDD (310) 546-3501
 Website: www.cityymb.info

Renewal/Reinstatement

Permit # _____

Project Address:		Plan Check/Permit #:	
Project Description:			
PETITIONER INFORMATION			
<input type="checkbox"/> Property Owner of Record		<input type="checkbox"/> Architect of Record	
<input type="checkbox"/> Current Property Owner		<input type="checkbox"/> Contractor of Record	
		<input type="checkbox"/> Engineer of Record	
		<input type="checkbox"/> Other _____	
Petitioner's Name:			
Phone:		Email:	
JUSTIFICATION: Show what circumstances beyond your control have prevented you from meeting the time limit, what progress you have made to date, and the present condition of the property. Attach additional information as needed.			
<u>Petitioner Acknowledgement Statement</u>			
I hereby acknowledge that I have read the application and state that the information I have provided is correct and agree to comply with all City Ordinances, State Regulations, and the provisions and conditions of any permit issued pursuant to this application. I understand that inspection and approval by the <u>City Building Inspector</u> is required.			
Signature:			Date:
CITY USE ONLY			
Review of Building & Safety Staff:			Date:
Type of Request <input type="checkbox"/> Extension <input type="checkbox"/> Reinstatement			
Plan Check Information			
Plan Check Applied Date:		Plan Check Expired Date:	
<input type="checkbox"/> Approved		Extension Date:	
<input type="checkbox"/> Denied		Permit Fee	4510
Permit Information		Imaging	4017
Permit Issued Date:		Permit Expired Date:	Other
Last Inspection Type and Date:			
<input type="checkbox"/> Approved		New Expiration Date:	
<input type="checkbox"/> Denied			
City Building Official:		Date:	
Petitioner Notified By:		Date:	
		TOTAL _____	