

Extension requests will incur a fee of \$120.00 per request.



## **Building & Safety Division**

8353 SIERRA AVE, FONTANA, CA 92335  
(909) 350-7640 FAX: (909) 350-7676  
building@fontana.org

# **PLAN CHECK/PERMIT EXTENSION REQUEST**

### **Contact Information:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** (      ) **(Cell ) (Landline/Office)**

Please Circle One

**Email:** \_\_\_\_\_

- **Date of Request:** \_\_\_\_\_
- **Plan Check or Permit Number:** \_\_\_\_\_
- **Job Address:** \_\_\_\_\_

### **Reason for Request:**

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**(SIGNATURE/RELATIONSHIP)**

**FOR CITY USE ONLY**

APPROVED  DENIED BY: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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