



CITY OF SANTA CLARITA BUILDING & SAFETY

REQUEST FOR APPLICATION/PERMIT REACTIVATION/EXTENSION

In order for Building and Safety to process your request, please provide the information below. Once complete, you may bring the form to Building and Safety or send it via U.S. mail or e-mail, or fax to:

Building and Safety

Attention: Racheal Allen
23920 Valencia Boulevard, Suite 140
Santa Clarita, CA 91355
Phone: (661) 255-4357 Fax: (661) 291-1559
Email: rallen@santa-clarita.com

Permit No(s): _____ Application or
Permit Issuance Date(s): _____

Permit Address: _____ Inactive Date (if known): _____

Description of Work: _____

Applicant/Owner Name: _____
(please print)

Applicant/Owner Address: _____

Contact Phone Number: _____ E-mail: _____

Please check the appropriate box:

- I am requesting to reactivate the above permit(s)
- I am requesting an extension to the above permit(s)
- I am requesting an extension to the above permit application (maximum of two extensions)

Reason for the request: _____

Applicant/Owner Signature: _____ Date: _____

NOTE: The above request to reactivate/extend the above application/permit pertains only to Building and Safety. It is the applicant/owner's responsibility to verify whether the approval obtained from other City divisions and outside agencies is still current before continuing with the above application/permit.

For Office Use Only

APPROVED DENIED

Code Updates Required..... YES NO

Fee Required..... YES NO

New Expiration Date: _____ Reviewed by: _____ Date: _____

Conditions of approval/denial: _____

