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DEPARTMENT OF RESOURCE MANAGEMENT



**SOLANO
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Building & Safety Division

BUILDING PERMIT EXTENSION REQUEST

Date: _____ Permit Number: _____

Property Address: _____

To: Saeed Iravani, Building Official

(Reason for extension request)

Person Requesting Extension (check one): Owner _____ Contractor _____

Name and address of person requesting extension:

Email: _____

Note: *You will receive notification by email.*

Ok to Extend _____(Initials) Denied _____(Initials)