

PERMIT RENEWAL REQUEST

Building Department

390 Towne Centre Dr, Lathrop, CA 95330 Phone: (209) 941-7270

RENEWAL REQUEST FOR EXPIRED BUILDING PERMITS OR PERMIT APPLICATIONS

Please refer to the "Expired Permits, Extensions, Renewals, & Re-Inspection Policy" prior to completion of this Permit Renewal Request Form.

Project Address:						
Permit Type:	_ Permit Number:	Select One:	Residential	Commercial		
Applicant Name:		Relationship to Project	ct:			
Email:	il: Phone #:					
Statement demonstrating justif	iable cause of delay or ina	activity, and the project is be	eing pursued ir	good faith:		
I certify that I am the original Ap	pplicant / Permit Holder of	Record.				
Signature:		Date:				
Additional supporting documentation Requests may be subject to a permit re	showing chronology may be re					

STAFF ONLY

Expired Application*			Expired Permit*			
In-Take Date:			In-Take Date:			
Original Expiration Date:			Issued Date:			
			Original Expiration Date:			
Fees Verified?	Υ	N	Current FIRM Flood Zone Verified?	Υ	N	
Required Documentation Received?	Υ	N	Required Documentation Received?	Υ	N	
Qualifies for Renewal?	Υ	N	Qualifies for Renewal?	Υ	N	
Qualifies for Reactivation? (Expired > One Year)	Υ	N	Qualifies for Reactivation? (Expired > One Year)	Υ	N	
Approved / Denied Date:			Approved / Denied Date:			
Processor :			Processor :			
CBO Signature (If Approved):			CBO Signature (If Approved):			

<u>Renewal:</u> To return an expired activity to an active status upon receipt and approval of documentation demonstrating that a project has been and/or will be pursued in good faith effort to obtain a permit (Application) or that a project was not abandoned (Permit).

<u>Reactivation</u> only applies to permits that only need Final Inspections.

^{*}Only Approved by the Chief Building Official or Authorized Staff