



# PERMIT EXTENSION REQUEST

Provide all information and mail to:  
City of Upland  
Building Department  
460 North Euclid Avenue  
Upland, CA 91786

## APPLICANT INFORMATION

Company Name: \_\_\_\_\_

### Applicant (Owner, Contractor)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

## PERMIT INFORMATION

Job Location: \_\_\_\_\_

### Permits Numbers (List all permits)

Permit Number(s): \_\_\_\_\_

State Reason for Requesting an Extension: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the above statement is true.

\_\_\_\_\_  
Name Signature Title of Applicant Date

## STAFF USE ONLY

APPROVED  DENIED  New Expiration Date: \_\_\_\_\_

Conditions of Approval: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name Signature Title Date