



City of Redlands

Building & Safety Division

35 Cajon St., Suite 20

Redlands, Ca 92373

Phone (909) 798-7536

www.cityofredlands.org

REQUEST FOR PLAN CHECK EXTENSION

Plan Check Number: _____ Date of Plan Check: _____

Applicants Phone (H) _____ Work Phone: _____

Job Address: _____

Owner's Name: _____

Owner's Address: _____

Date of Last Documented Plan Check: _____

Projected Expiration Date: _____

Reason For Extension

Request: _____

TYPE OF PERMIT

Residential

Commercial/Industrial

Addition

Pool/Spa

Patio Cover/Balcony

Fence/Block Wall/Retaining Wall

Other: _____

Applicant's Signature:

Date:

Extension Approved To: _____
(New Expiration Date)

Denied

John Thompson, Chief Building Official

Date