



# DEPARTMENT OF RESOURCE MANAGEMENT

## Building Division

1855 Placer Street, Suite 102

Redding, California 96001

Phone: (530) 225-5761 Fax: (530) 245-6468

Inspection Request Line: (530) 244-5068

Web: [shastacounty.gov/resource-management](http://shastacounty.gov/resource-management) Email: [resourcemanagement@co.shasta.ca.us](mailto:resourcemanagement@co.shasta.ca.us)

### BUILDING APPLICATION OR PERMIT EXTENSION OF TIME REQUEST (Rev: 07-13-23)

#### PERMIT APPLICATIONS:

There is **no fee** to extend building permit applications and applications are valid for 180 days. PRIOR to expiration, you can submit a written request to extend the application for an additional 180 days. **An application may not be extended beyond one year from the original date of application.** If this extension request is for an application only then please complete the information below and there is no fee due.

#### ISSUED PERMITS:

Once a building permit has been issued it expires by limitation (unless extended and fees paid):

1. Demolition & Special Inspection permits expire after 6 months.
2. All other permits, two years after the permit is issued, or
3. If work has not started within 12 months from the date of permit issuance, or
4. If the work is suspended or abandoned for a period of 12 months.

Please complete the information below. **If the permit is extended, the county will contact you with the fee due.**

**Please provide the following information so your request can be considered. Permits may be renewed for six months from the original issued date and upon payment of fee.**

Parcel Number: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Justifiable Cause for Extension (please explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Proposed completion date of the project: \_\_\_\_\_

\_\_\_\_\_  
Signature / Title \_\_\_\_\_ Date \_\_\_\_\_

----- BOTTOM PORTION FOR COUNTY USE ONLY -----

EXTENSION APPROVED. NEW EXPIRATION DATE: \_\_\_\_\_

RENEWAL FEE (TO BE PAID BY PERMIT APPLICANT): \$ \_\_\_\_\_

EXTENSION DENIED. REASON: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reviewed By / Signature / Title \_\_\_\_\_ Date \_\_\_\_\_