

Phone: 310-318-0235 Hours: Mon. – Thur. 7am-6pm CommunityDevelopment@hermosabeach.gov

## AP-022: PERMIT/PLAN CHECK EXTENSION/RENEWAL REQUEST

PROPERTY & JOB INFORMATION		
Job Address:		, Hermosa Beach, CA
Application #:	Date:	
REQUEST TYPE: Plan Check Extension:	Permit Extension:	Permit Renewal:
How much of this process has been complet	ed for this plan check/	permit? Choose one:
25% completed, 50% completed, 75% completed, 95% completed.		
The "justification" portion of the form should explain if an unusual circumstance existed that prevented the applicant from obtaining approval and securing the plan approval, permit issuance, or permit final prior to the expiration. Circumstances such as, but not limited to, financial hardship, contracting issues with design consultants or contractors, seasonal weather conditions, real estate market fluctuation, health conditions, etc. are typically not sufficient reasons for the granting of a plan review extension for a project. These circumstances have generally been accounted for and are the basis for the one-year plan review time established by the Department.		
JUSTIFICATION FOR REQUEST:		
APPLICANT – THIS IS THE PRIMARY POINT OF CONTACT		
Full Name	Phone #:	ACI
Email Address (this will be the primary means of		
Mailing Address:		
APPLICANT REQUEST		
To allow additional time untilplan check/building permits as required by adopted in Section 15.04.01	the 2022 California Buil	•
I understand that, if approved, no more than a 3-month timeframe will be provided for any extension or renewal. There may also be additional fees charged to provide this request.		
Signature	Date:	